

Council of Governors

Public Meeting – Thursday 16 April 2026

For a meeting to be held at 1.50pm – 4.00pm in the Lecture Theatre, Willerby HU10 6ED

<p>Quorum for business to be transacted – one third of those Governors occupying governor seats</p> <p>Key duties of the Council of Governors are outlined in the terms of reference and include:</p> <ul style="list-style-type: none"> • Hold the Non-Executive Directors individually and collectively to account for the performance of the Board • Represent the views of the Trust members and the interests of the public • Approve the appointments and remuneration of the Chair and Non-Executive Directors • Approve the appointment of the Chief Executive and Trust Auditor • Approve changes to the Trust Constitution, significant transactions and any proposed application for a merger, dissolution or separation • Receive the Annual Report

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meetings held on 15 January 2026 and 9 February 2026	CF	Approve	√
4.	Actions Log, Workplan and Matters Arising	CF	Discuss	√
5.	Spotlight on a Service – Perinatal and Maternal Mental Health	Katy Morley	Discuss	√
	Board Report Backs			
6.	Chair's Report	CF	Discuss	√
7.	Chief Executive's Report and Governors Questions to the Chief Executive	MM	Discuss	√
8.	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	NEDs	Discuss	√
9.	Review of Constitution	SJ	Discuss	√

	Governor Items			
10.	<p>Council of Governor Sub-Groups Feedback inc Membership Engagement Activities</p> <ul style="list-style-type: none"> Engaging with Members 14.01.2026 & 18.02.2026 reports 	TDo	Note	√
	Performance & Delivery			
11.	<p>Performance Report available in the latest set of Board papers via this link: https://www.humber.nhs.uk/media/caz1zup5/public-board-papers-25-march-2026.pdf</p>	PB	Discuss	√
12.	Finance Report	PB	Discuss	√
	Corporate			
13.	Any Other Business	CF	Note	verbal
14.	<p>Review of Meeting:</p> <ul style="list-style-type: none"> Has the Council of Governors focused on the right areas? Did the quality of the papers enable Council of Governors members to perform their role effectively – did they enable the right level of discussion to occur? Was debate allowed to flow and were all Council of Governors members encouraged to contribute? Has the meeting been conducted in accordance with the Trust’s cultural and behavioural standards framework (Being Humber) 	CF	Note	verbal
15.	Date, Time and Venue of Next Meeting			
	<p>Thursday 16 July 2026, 9.30am – 11.30am via Microsoft Teams Thursday 15 October 2026, 9.30am – 12.30pm Lecture Theatre Willerby Hill</p>			

Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 16 April 2026														
Title of Report:	Declarations of Interest														
Author/s:	Caroline Flint Trust Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> Governor declarations updated 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> N/A 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> N/A 													
Governance:		Date	Date												
	Appointments, Terms & Conditions Committee		Engaging with Members Group												
	Trust Board		Other (please detail) Quarterly report to Council ✓												

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ <i>Tick those that apply</i>				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Governors' Declaration of Interests

Constituency	Governor	Interests Declared
Elected – Hull Public	Julian Barnard	<ul style="list-style-type: none"> • None
	Isabel Carrick	<ul style="list-style-type: none"> • Son is leading a project on use of AI in adult social care employed by Hull University and Connexin
	Brian Swallow	<ul style="list-style-type: none"> • Member of Hull and East Yorkshire Mind • Member of Campus Health Centre Patient Participation Group.
	Vacant	
Elected – East Riding Public	Ted Burnside	<ul style="list-style-type: none"> • Volunteer at the Market Weighton GP Practice and a committee member of the surgery's patient group
	John Arthur	<ul style="list-style-type: none"> •
	Anthony Douglas	<ul style="list-style-type: none"> • Member of the Labour party • Trustee and treasurer for Fuse Youth services, a children's charity based in Bridlington • Director of Douglas Management Consultancy Ltd
	Kimberley Harmer	<ul style="list-style-type: none"> • Co/Founder & Chairman of Fuse Youth Services (Children and Young Peoples Charity that supports young people's mental health and wellbeing) • Trustee of Bridlington Health Forum • VCSE Youth Voice attendee at The Bridlington Strategy Steering Group of the HNY ICB. • VCSE Collaborative Member of HeySmile Humber & ERY • Governor Headlands Secondary School • Trustee/Director The Hinge Centre Ltd • Force IAG, ERIAG, VAWAG IAG Member Humberside Police • Clear Hold Build Strategy Member for Bridlington (VCSE Youth Voice) • Bridlington Youth Partnership Senior Member • Conservative Policy Forum Humber & Yorkshire Regional Ambassador

		<ul style="list-style-type: none"> • Bridlington and The Wolds Association Deputy Chair Fundraising and Event and CWO Representee • Furthermore, I own a property business M K Thomas Properties & a decorating firm Thomas Decorators, although we have no current NHS decorating work at present that may conflict. • My brother in law also works as a manager in the maintenance team at Bridlington hospital. • I currently work as a Senior Caseworker, for the Member of Parliament for the Bridlington and The Wolds Charlie Dewhirst
	John Morton	<ul style="list-style-type: none"> • None
	Dr Francis Odukwe	<ul style="list-style-type: none"> • I work for City Healthcare Partnership(CHCP) as a GP
Elected – Rest of England	Tim Durkin	<ul style="list-style-type: none"> • Member of Hull and East Yorkshire Mind • Member of (National) Mind • Associate Hospital Manager (AHM) for the Trust
Elected Whitby, Scarborough & Ryedale	Vacant	<ul style="list-style-type: none"> • None
Service User and Carer	Anthony Houfe	<ul style="list-style-type: none"> • Wife is the founder & Chair of Hidden Disabilities Charity
	Marilyn Foster	<ul style="list-style-type: none"> • Patient Engagement Network • Good Experience Steering group • Pace & QI working group • Chair- Market Weighton PPG
Elected - Staff	Sara Bennett (clinical)	<ul style="list-style-type: none"> • Son works in the crisis team for Humber
	Sian Johnson (clinical)	<ul style="list-style-type: none"> • Married to the Clinical Director (Paul Johnson)
	Jon Duncan (non clinical)	<ul style="list-style-type: none"> • My partner Marie Dawson is employed by the Trust as Programme Manager
	Simon Mills (non clinical)	<ul style="list-style-type: none"> • Unison Steward • member of a political party, the Green party.

	Dan Laughton (non clinical or Clinical)	<ul style="list-style-type: none"> • None
Appointed	Cllr Chambers (Hull City Council)	<ul style="list-style-type: none"> • None
	Councillor Jonathan Owen, East Riding of Yorkshire Council	<ul style="list-style-type: none"> • Cabinet Member of East Riding of Yorkshire Council • Partner Member of Humber & North Yorkshire ICB • Vice Chair of Humber & North Yorkshire ICB • Chair of East Riding Health & Wellbeing Board
	Professor Jacquie White Hull University	<ul style="list-style-type: none"> • Employed by the University of Hull and a member of the Faculty of Health Sciences Leadership Team, leading all nursing and midwifery activity within my role as Head of the school of nursing and midwifery • lead research and knowledge exchange activity and write grants. Current activity includes working with the Chief Pharmacist to development a research bid related to the role of Pharmacy Technicians across the Trust. • Trustee of the Warren Youth Project Hull • Member of the Labour Party • Within last 3 years I have received conference, consultancy and speaker fees from Janssen Pharmaceuticals Ltd. (part of the Johnson and Johnson family of companies).
	Emma Dallimore, Voluntary Sector	<ul style="list-style-type: none"> • Employee of Hull and East Yorkshire Mind which supplies various services to the Trust including Support Line, Crisis pad, Children's Safe Space, peer support workers, children's psychological wellbeing and counsellors. I also sit on the CMHT transformation partnership board and attend various other Trust meetings
	Vacant, Humberside Fire & Rescue	<ul style="list-style-type: none"> •

	Simon Vickers, Humberside Police	•
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**Minutes of the Council of Governors Public Meeting
held on
Thursday 15 January 2026 at 1:50pm – 3:50pm
Via MS Teams**

Present: Rt Hon Caroline Flint, Trust Chair (Chair)
Michele Moran, Chief Executive
Kimberley Harmer, East Riding Public Governor
Emma Dallimore, Appointed Governor, Voluntary Sector
Simon Mills, Staff Governor, Non-Clinical
Dan Laughton, Staff Governor, Non-Clinical or Clinical
Ted Burnside, East Riding Public Governor
John Morton, East Riding Public Governor
Dr Francis Odukwe, East Riding Public Governor
Kimberley Harmer, East Riding Public Governor
Tim Durkin, Rest of England Public Governor
Tony Douglas, East Riding Public Governor
Isabel Carrick, Hull Public Governor
Anthony Houfe, Service User and Carer Governor
Julian Barnard, Hull Public Governor
Brian Swallow, Hull Public Governor
Marilyn Foster, Service User and Carer Governor
Sara Bennett, Staff Governor – Clinical
John Duncan, Staff Governor - Non-Clinical

In Attendance: Peter Beckwith, Director of Finance
Lynn Parkinson, Chief Operating Officer
Stella Jackson, Head of Corporate Affairs
Phillip Earnshaw, Non-Executive Director
Stuart McKinnon-Evans, Non-Executive Director
Kath Smart, Non-Executive Director
Justine Rooke, General Manager: Children's and Learning Disability
Division (for item 05/26)
Nikki Titchener, CAMHS Service Manager (for item 05/26)
Karen Warwick, CAMHS Service Manager (for item 05/26)
Laura Roberts, PA to Chair and Chief Executive (Minutes)

Apologies: Jacquie White, Appointed Governor, University of Hull
Cllr Linda Chambers, Appointed Governor, Hull City Council
Sian Johnson, Staff Governor – Clinical
John Arthur, East Riding Public Governor
Dean Royles, Non-Executive Director
Keith Nurcombe, Non-Executive Director
Stephanie Poole, Non-Executive Director
Kath Smart, Non-Executive Director
Cllr Jonathan Owen, Appointed Governor, East Riding of Yorkshire Council

The Chair welcomed everyone to the meeting and introduced Kath Smart, Non-Executive Director, to her first Council of Governors meeting.

01/26	<p>Declarations of Interest</p> <p>The Declarations of Interest report was noted.</p> <p>Governors are required to notify the Head of Corporate Affairs regarding any changes to their declarations of interest. If any items on the agenda present a potential conflict of interest, the Governor(s) should declare the interest and remove themselves from the meeting for that item.</p> <p>There were no further declarations made at the meeting.</p>	
02/26	<p>Minutes of the Meeting held on 16 October 2025</p> <p>The minutes of the meeting held on 16 October 2025 were approved as an accurate record of the meeting.</p>	
03/26	<p>Minutes of the Annual Members Meeting/Annual General Meeting</p> <p>The minutes of the Annual Members Meeting/Annual General Meeting held on 25 September 2025 were approved as an accurate record of the meeting.</p>	
04/26	<p>Actions Log, Workplan and Matters Arising</p> <p>The action log and workplan were noted.</p> <p>Matters Arising</p> <p><u>Primary Care Services Transfer</u> Tony Doulas referred to page 6 of the minutes and raised a query regarding Primary Care Services and the transfer arrangements. He noted that there were outstanding questions about what was happening. He added that there had been feedback from both patients and staff, particularly within the Bridlington area regarding the transfer. Marilyn Foster then highlighted concerns regarding staff being kept informed about developments and timelines.</p> <p>In response the Chief Executive and Lynn Parkinson reported that regular meetings and updates were being provided, with Service Managers and Human Resources involvement, and that communication was a top priority. Lynn, as Senior Responsible Office, confirmed weekly updates were being provided, as well as ongoing support for staff, including during the start of the TUPE transfer process.</p> <p>Marilyn Foster, as Chair of the Market Weighton Patient Participation Group (PPG), highlighted that the patient group had not been involved or informed about the transfer, despite being an active group. The Chief Executive provided information about how PPGs were being engaged and what the receiving practices were doing regarding patient group involvement.</p> <p>Tony Douglas asked for advice on how Governors could communicate concerns. The Chief Executive advised that Governors could write directly to</p>	

	<p>herself or Lynn Parkinson, and staff should use their line management structures, escalating any concerns if necessary. Caroline emphasised the importance of ensuring all staff being made aware of how to access information and encouraged escalation if communication was insufficient.</p> <p>Tony Douglas expressed concern about only one provider covering practices in Bridlington, which The Chief Executive explained was part of a long-term strategic plan, with previous mergers and service amalgamations intended to align with NHS strategies and to ensure continuity.</p> <p><u>Resolved:</u> The information was noted.</p>	
05/26	<p>Spotlight on a Service – Child and Adolescent Mental Health Pathway and the Thrive approach</p> <p>Justine Rooke, Nikki Titchener and Karen Warwick gave a presentation regarding the refreshed CAMHS pathways and Thrive framework. The presentation provided information relating to:</p> <ul style="list-style-type: none"> • Pathway Redesign and Objectives • Implementation of the Thrive Framework • Clinically Lead WorkforcE and Activity Redesign (CLEAR)Project and Family Partnership Model • Intensive Services and Innovation • Quantitative and Qualitative Outcomes <p>Kimberley Harmer queried how voluntary and community sector (VCS) organisations could access available training opportunities. Justine and Nikki confirmed their willingness to engage with VCS partners and outlined current collaborative work, particularly within neurodiversity services.</p> <p>Emma Dallimore raised concerns that the voluntary sector’s role in supporting waiting lists and service delivery appeared to be diminishing. Justine and Nikki Titchener responded by highlighting ongoing partnerships, including work with Mind and Barnardo’s, and reiterated their openness to further collaboration with voluntary organisations.</p> <p>Kimberley Harmer reported that some local youth groups, particularly in Bridlington, felt excluded from engagement processes. Justine Rooke and Nikki Titchener acknowledged this feedback and committed to strengthening outreach to ensure representation from a wider geographical area, including those outside Hull.</p> <p>The Trust Chair in light of governors’ comments suggested that Governors and service leads should have a broader engagement with voluntary groups. She suggested that this be taken forward as an action for the CAMHS team.</p> <p>Tim Durkin asked about the implications of the recent closure of the Schoen Clinic. Nikki clarified that the clinic had provided services for adults, not children. She outlined the local provision for young people, including the Inspire inpatient unit and the Eating Disorder Intensive Treatment Team</p>	

	<p>(EDIT) intensive home treatment team, which had significantly reduced the need for inpatient admissions.</p> <p>The Trust Chair sought an update on the timeline for relocating the children's Safe Space service to the Inspire site. Justine and Nikki confirmed that estate works were scheduled to commence in February 2026, with completion anticipated in Spring. The relocation aimed to strengthen partnership working and enhance service delivery.</p> <p><u>Resolved:</u> The information was noted.</p> <p>Governors and service leads to consider how they might engage voluntary groups more effectively.</p>	CAHMS Team / LP
06/26	<p>Chairs Report</p> <p>The Chair presented her report and highlighted the following updates:</p> <ul style="list-style-type: none"> • Tim Durkin had been re-elected as the Governor for the Rest of England constituency. • The Governor position for Hull remained vacant. • Simon Blackburn had stood down from his role as Governor for Whitby, Ryedale and Scarborough. The Council of Governors recorded its thanks for Simon's contribution and extended best wishes for the future. • Stuart McKinnon-Evans would leave the role as Non-Executive Director on 31 January 2026. • Dean Royles would leave the role as Non-Executive Director on 13 February 2026. • A Governor briefing on the Long Term Plan was scheduled to take place at the end of January. • Since the report was written, it was noted that the Annual Report had been laid before Parliament, necessitating an additional Council of Governors meeting. <p>Tony Douglas queried whether exit interviews for Governors were undertaken. The Trust Chair reported she offered these to Governors.</p> <p><u>Resolved:</u> The Chair's Report was noted.</p>	
07/26	<p>Chief Executive's Report and Governors Questions to the Chief Executive</p> <p>The Chief Executive introduced her report and referred to the following items in her report:</p> <ul style="list-style-type: none"> • Recent appointments, including the substantive chief executive for the Integrated Care Board (ICB) and changes at York and Scarborough Hospital, as well as the merger of NHS Confederation and Providers. • Midyear reviews 	

	<ul style="list-style-type: none"> • Winter Plans • ADHD Taskforce • Professionals Enabling Strategy • High response rate to the Staff Survey • Sickness Management work being undertaken. <p>The Chief Executive reported that a ten-year implementation plan would be developed, in relation to the Mental Health Act 2025. Further information was expected to be issued on 17 February 2026.</p> <p>Lynn Parkinson provided an update on winter planning. She provided details regarding the implementation of the winter plan, the management of adverse weather conditions, industrial action involving medical staff, and the current Operational Pressures Escalation Levels (OPEL). She also highlighted the continued pressures within acute hospitals and described the collaborative work taking place to address system-wide challenges.</p> <p>Tim Durkin and Tony Douglas raised concerns regarding the lengthy waiting lists for paediatric ASD and ADHD assessments. Lynn Parkinson explained that discussions were ongoing with the Integrated Care Board (ICB) regarding the potential reallocation of funding from independent sector diagnostic services to in-house provision, with the intention of reducing waiting times. The Chief Executive acknowledged these concerns and confirmed that the issue had been raised at the ICB Board meeting.</p> <p>In response to a query from Brian Swallow concerning the 'Do It Profiler' tool, Lynn Parkinson advised that it was a digital triage tool used in North Yorkshire to provide early support and reduce reliance on formal diagnostic pathways, thereby contributing to reductions in waiting times. It was agreed that a briefing session regarding the 'Do-It Profiler' should be timetabled into the Governor Briefing plan.</p> <p>Tony Douglas sought clarification on the high sickness and vacancy rates within certain teams. The Chief Executive explained that sickness rates were consistent with benchmarking data and that the Trust continued to focus on staff health and wellbeing. It was noted that improvements had been observed in recent safe staffing reports, with further details due to be published.</p> <p><u>Resolved:</u> The Chief Executive's Report was noted.</p> <p>Future Governor briefing session on the 'Do It Profiler' digital triage tool for neurodevelopmental services to be arranged.</p>	KC
08/26	<p>Associate Non-Executive Director (ANED) Appointment and Process</p> <p>The Trust Chair introduced the report and reiterated key points from the paper. The Trust Chair recommended the continuation of the Associate Non-Executive Director programme, including the recruitment of one new Associate Non-Executive Director during the forthcoming year. The proposal also set out an intention to retain the existing structure while exploring</p>	

	<p>opportunities to engage with other NHS Trusts operating similar programmes.</p> <p><u>Resolved:</u> The Council of Governors approved the recommendations contained within the paper.</p>	
09/26	<p>Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback</p> <p>The respective Committee Chairs introduced the following reports and reiterated key points from within them.</p> <ul style="list-style-type: none"> • Finance Committee – via MS Teams recording • People and Organisational Development Committee • Mental Health Legislation Committee • Collaborative Committee <p><u>Finance Committee</u> The items were noted, and members were advised that any questions for Keith Nurcombe in relation to the Finance Committee should be submitted through Katie Colrein.</p> <p><u>People and Organisational Development Committee</u> Brian Swallow raised questions regarding the content and effectiveness of staff health MOTs referenced in the report. The Trust Chair acknowledged the query and agreed to consider scheduling a future session on the subject.</p> <p><u>Mental Health Legislation Committee</u> Stephanie Poole advised she would circulate the NHS Confederation briefing document on the Mental Health Act 2025 to Governors for their information.</p> <p><u>Collaborative Committee</u> Tim Durkan sought further information regarding the closure of the Schoen Clinic and the implications for out-of-area placements. Lynn Parkinson reported that the closure of the Schoen Clinic had been managed appropriately, with all patients either discharged or transferred in line with their clinical plans. Most patients had moved to in-area services, including the Rharian Clinic provided by Navigo, which ensured that out-of-area placements were kept to a minimum. Lynn added that out-of-area placements remained low.</p> <p>Lynn also clarified that adult inpatient eating disorder services were delivered by Navigo, while community services were commissioned differently across regions. She confirmed that work was ongoing to replicate successful out-of-hospital models from children’s services within the adult pathway, although variations in local commissioning arrangements were recognised.</p> <p>Isabel Carrick requested further details regarding the Healthy Outcomes from Positive Experiences (HOPES) Funding for Learning Disability and Autism. Lynn Parkinson explained that the secure workstream was utilising the time-limited funding to provide staff training in the HOPES recovery model. This work aimed to reduce segregation and support more timely and</p>	

	<p>appropriate discharge for patients with learning disabilities and autism, with evaluation of the programme continuing.</p> <p><u>Resolved:</u> The Non-Executive Director Chairs of Sub Committees Assurance Reports were noted.</p> <p>To distribute the NHS Confederation briefing document on the Mental Health Act 2025 to governors for their information.</p> <p>To a schedule a future Governor session on the staff health MOTs.</p>	<p>SP</p> <p>KC</p>
10/26	<p>Council of Governor Sub-Groups Feedback inc Membership Engagement Activities</p> <p>Tony Douglas and Marilyn Foster introduced the Council of Governor Sub-Groups Feedback report for the Subgroups listed below and reiterated key points from within the report:</p> <ul style="list-style-type: none"> • Engaging with Members • Appointments Terms and Conditions Committee <p><u>Resolved:</u> The report was noted.</p>	
11/26	<p>Performance Report</p> <p>Peter Beckwith presented the Performance Report and highlighted that performance remained strong overall. He reported that work continued to address sickness absence and that further plans were in place to improve out-of-area placements.</p> <p>Tim Durkan requested clarification regarding solutions for Psychiatric Intensive Care Unit (PICU) bed capacity. Peter Beckwith explained that capital funding had been secured to develop a five-bedded female High Dependency Unit, which would reduce out-of-area placements for female patients. He confirmed that this development would also release additional capacity for male patients at Avondale, thereby supporting both male and female PICU requirements.</p> <p><u>Resolved:</u> The Performance report was noted.</p>	
12/26	<p>Finance Report</p> <p>Peter Beckwith introduced the Finance Report and provided an update on the Trust's financial position at month 9. He noted that the year-to-date position was favourable and that the Trust continued to hold strong cash reserves. He advised that acute providers within the system were unlikely to meet their financial targets, but the Trust was expected to achieve a break-even position or better.</p>	

	<p><u>Planning update</u> Peter Beckwith also provided a planning update and confirmed that the Trust's two-year plan had been submitted on 17 December 2025. He reported that all activity trajectories were being met with the exception of perinatal services. He confirmed that workforce growth had been incorporated into the plan.</p> <p>Pete explained that the financial position within the plan reflected a £3.2m deficit, which he described as a strong position given the current operating environment. He advised that the older people out-of-area scheme had not yet received the anticipated recurrent funding and that the Trust continued to pursue this with the Integrated Care Board. He further noted that the growth planning guidance indicated a 2% uplift, which had been offered to the Trust, and that technical adjustments amounting to £0.5 million were still under discussion with the ICB.</p> <p><u>Resolved:</u> The Finance Report was noted.</p> <p>The Planning update was noted.</p>	
13/26	<p>Any Other Business</p> <p>There was no other business matters discussed.</p>	
14/26	<p>Review of Meeting</p> <p>The Chair invited comments regarding the meeting. Governors agreed the meeting had been effective.</p> <p>The meeting closed at 3:50pm.</p>	
15/26	<p>Date, Time and Venue of Next Meeting Thursday 16 April 2026, 1.15pm – 3.45pm Lecture Theatre Willerby Hill Thursday 16 July 2026, 1.15pm – 3.15pm via Microsoft Teams Thursday 15 October 2026, 1.15pm – 3.45pm Lecture Theatre Willerby Hill</p>	

Signed..... Date.....

Chair

**Minutes of the Council of Governors Public Meeting
held on
Monday 9 February 2026 at 11:30am – 12:05pm
Via MS Teams**

Present: Rt Hon Caroline Flint, Trust Chair (Chair)
Michele Moran, Chief Executive
Cllr Jonathan Owen, Appointed Governor, East Riding of Yorkshire Council
John Morton, East Riding Public Governor
Kimberley Harmer, East Riding Public Governor
Tim Durkin, Rest of England Public Governor
Tony Douglas, East Riding Public Governor
Anthony Houfe, Service User and Carer Governor
Julian Barnard, Hull Public Governor
Marilyn Foster, Service User and Carer Governor
Sara Bennett, Staff Governor – Clinical
John Duncan, Staff Governor - Non-Clinical

In Attendance: Peter Beckwith, Director of Finance
Stella Jackson, Head of Corporate Affairs
Phillip Earnshaw, Non-Executive Director
Kathryn Smart, Non-Executive Director
Gavin Barker, External Auditor, Forvis Mazars (for item 18/26)
Laura Roberts, PA to Chair and Chief Executive (Minutes)

Apologies: Jacquie White, Appointed Governor, University of Hull
Cllr Linda Chambers, Appointed Governor, Hull City Council
Emma Dallimore, Appointed Governor, Voluntary Sector
Dan Laughton, Staff Governor, Non-Clinical or Clinical
Sian Johnson, Staff Governor – Clinical
Ted Burnside, East Riding Public Governor
Dr Francis Odukwe, East Riding Public Governor
Kimberley Harmer, East Riding Public Governor
Brian Swallow, Hull Public Governor
Isabel Carrick, Hull Public Governor
Dean Royles, Non-Executive Director
Keith Nurcombe, Non-Executive Director
Stephanie Poole, Non-Executive Director

The Chair welcomed everyone to the meeting and introduced Kathryn Smart, Non-Executive Director, to her first Council of Governors meeting.

16/26	<p>Declarations of Interest</p> <p>The Declarations of Interest report was noted.</p> <p>Governors are required to notify the Head of Corporate Affairs regarding any changes to their declarations of interest. If any items on the agenda present a potential conflict of interest, the Governor(s) should declare the interest and</p>	
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	<p>remove themselves from the meeting for that item.</p> <p>There were no further declarations made at the meeting.</p> <p>The Chair informed Governors that the minutes of the January 2026 meeting of the Council of Governors, together with the February 2026 Council of Governor minutes would be presented for approval at the April meeting.</p>	
17/26	<p>Annual Report and Accounts 2024-2025</p> <p>Stella Jackson reported that the Council of Governors had a statutory duty to receive the Annual Report and Accounts, and that the Board of Directors formally approved them. The presentation of the report had been delayed as the audit of the Report and Accounts could not be formally concluded until the local government pension scheme audit had concluded. The Chief Executive confirmed was a recurring issue and informed Governors information included in the Annual Report and Accounts had been presented on that basis at the Annual Members Meeting/Annual General Meeting.</p> <p>Peter Beckwith presented the financial performance, noting that:</p> <ul style="list-style-type: none"> • The Trust prepared its accounts on a going concern basis. • The Trust achieved its financial control target by delivering a break-even plan. • The Trust ended the year with a strong cash position. • Technical accounting adjustments had been made, including those linked to the local government pension scheme and impairments. • Both turnover and expenditure increased, reflecting the Trust’s expanded responsibilities as a lead provider. <p>Tim Durkin had provided feedback via separate email regarding inconsistent use of past and future tenses and a date error in the report and this was acknowledged by The Chief Executive and Stella. It was explained that the tense variations reflected the retrospective and forward-looking sections of the report. A note would be added to the website regarding the date error in the Financial Accounts.</p> <p><u>Resolved:</u> The Council of Governors received the Annual Report and Accounts 2024/25.</p> <p>To request the Communications team to add a note on the website clarifying the correct sign-off date for the financial accounts.</p>	SJ
18/26	<p>Auditors Report on the Annual Report and Accounts</p> <p>Gavin Barker, External Auditor, presented the external audit opinion on the financial statements and the value for money review. He outlined the audit process and described the impact of delays arising from the East Riding pension fund, which had influenced the timing of the completion of the audit work. He explained the areas of audit focus and confirmed that the audit had resulted in an overall ‘clean’ opinion.</p>	

	<p>Gavin reported on the significant risk areas identified during the audit, which related to management override of controls, revenue recognition, and the valuation of land and buildings. He confirmed that no issues had been identified in any of these areas. He also outlined the enhanced risk areas, which included accounting for leases under IFRS 16, deferred income, intangible assets, and pension disclosures, and confirmed that no significant issues had been found.</p> <p>Gavin noted that the audit had resulted in one unadjusted misstatement, which had been assessed as not material, and that there had been no adjusted misstatements. He confirmed that no significant weaknesses had been identified in the Trust’s arrangements for financial sustainability, governance, or economy, efficiency and effectiveness. He also referred to the positive Care Quality Commission assessment of the Child and Adolescent Mental Health Services inpatient unit as supportive evidence of the Trust’s operational performance.</p> <p>In response to a query from Tim Durkin regarding the structure of the East Riding pension scheme, Gavin, Councillor Jonathan Owen and Peter Beckwith explained that the scheme was a standalone fund hosted by East Riding but formed part of a wider collaboration involving a number of organisations. They further explained that the complexity and scale of the fund, combined with national audit requirements, made it challenging to accelerate the pension audit timetable, and that national efforts to amend the accounting manual to reduce the materiality impact of the pension scheme on local audits had not been successful.</p> <p>Gavin informed Governors of his forthcoming retirement and confirmed that audit leadership would transfer to Nicola Halas. He assured the Council that continuity would be maintained through the existing audit manager and team leader.</p> <p><u>Resolved:</u> The Council of Governors noted the External Auditors report regarding the audit of the Annual Report and Accounts 2024/25.</p>	
19/26	<p>Any Other Business</p> <p>There was no other business matters discussed.</p>	
20/26	<p>Review of Meeting</p> <p>The Chair invited comments regarding the meeting. Governors agreed the meeting had been effective and conducted in accordance with the Being Humber behavioural framework.</p> <p>The meeting closed at 12:05pm.</p>	
20/26	<p>Date, Time and Venue of Next Meeting</p> <p>Thursday 16 April 2026, 1.15pm – 3.45pm Lecture Theatre Willerby Hill</p> <p>Thursday 16 July 2026, 1.15pm – 3.15pm via Microsoft Teams</p> <p>Thursday 15 October 2026, 1.15pm – 3.45pm Lecture Theatre Willerby Hill</p>	

Signed..... Date.....

Chair

**Action Log:
Actions Arising from Public Council of Governor Meetings**

Summary of actions from February 2026 meeting and update report on earlier actions due for delivery in April 2026						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
15/01/26	05/26	Spotlight on a Service – Child and Adolescent Mental Health Pathway and the Thrive approach	Governors and service leads to consider how they might engage voluntary groups and schools more effectively.	CAHMS Team / LP	April 2026	Lynn Parkinson progression.
09/02/26	17/26	Annual Report and Accounts 2024-2025	To request the Communications team to add a note on the website clarifying the correct sign-off date for the financial accounts.	SJ	February 2026	Completed. Web page updated.
15/01/26	07/26	Chief Executive's Report and Governors Questions to the Chief Executive	Future training session or briefing on the 'Do It Profiler' digital triage tool for neurodevelopmental services to be arranged.	KC	April 2026	Completed. Session scheduled.
15/01/26	09/26	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	To schedule a future Governor session on the staff health MOTs.	KC	April 2026	Completed. Session scheduled.
15/01/26	09/26	Non-Executive Director Chairs of Sub	To distribute the NHS Confederation briefing document	SP	April 2026	Completed. Information

		Committees Assurance Reports & Feedback	on the Mental Health Act 2025 to governors for their information			circulated to the Council of Governors.
16.10.25	67/25	Any Other Business	Governors to forward suggestions for briefing and development session topics to Katie Colrein.	All Governors	January 2026	Completed. Suggestions received
17.04.25	26/25	Appointed Governor Focus Cllr Linda Chambers (Hull City Council)	Information relating to services available to Neuro Diverse people and further updates to be shared with the Governors.	LC	July 2025	Completed. Information circulated to the Council of Governors.
19.10.23	66/23(a)	Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback	Refresh on Countess of Chester report to be arranged for a Governor briefing session	CF	Cancelled for 25 April 2024 New date to be agreed once NHS inquiry completed	Completed. 26/02/2026 – Sarah Smyth attended a Governor Briefing session to deliver a presentation – ‘How we respond and learn from national reports and enquiries.’ 15/01/2026 - The national report had not been published as yet Council of Governors and Quality Committee

						would be updated on publication, when available. New date to be arranged as part of the Governor Briefing Session. No further update at this time.
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Outstanding Actions arising from previous Council meetings for feedback to a later meeting

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A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Membership Officer

Council of Governors Work Plan 2026/27

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	15 Jan 26	16 April 26	16 July 26	16 Oct 26	14 Jan 27
Standing Items							
Minutes of the Last Meeting	Every Mtg	CF	✓	✓	✓	✓	✓
Actions Log	Every Mtg	CF	✓	✓	✓	✓	✓
Chair's Report	Every Mtg	CF	✓	✓	✓	✓	✓
Chief Executives Report inc updates from Directors	Every Mtg	MM	✓	✓	✓	✓	✓
Spotlight on a Service	Every Mtg	KF/KP	✓	✓	✓	✓	✓
NEDs Chairs of Sub Committees Assurance Reports & Feedback	Every Mtg	NEDs	✓	✓	✓	✓	✓
Patient Led Assessment of Care Environment Report (PLACE)	Annually	PB		✓			✓
Feedback from Governor Groups/Governor Activity	Every Mtg	All	✓	✓	✓	✓	✓
Governors Questions	Every Mtg	All	✓	✓	✓	✓	✓
Review of Council of Governors Workplan	Every Mtg	CF	✓	✓	✓	✓	✓
Appointed Governor Focus	Every Mtg	??	✓	✓	✓	✓	✓
Performance & Delivery							
Finance Report	Every Mtg	PB	✓	✓	✓	✓	✓
Performance Report	Every Mtg	PB	✓	✓	✓	✓	✓
Annual Items							
Annual Effectiveness Review of the Council of Governors including Terms of reference	Annually	CF		✓	✓		✓
Annual Effectiveness Review for Appointments, Terms and Conditions Committee including terms of reference	Annually	MF			✓		

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	15 Jan 26	16 April 26	16 July 26	16 Oct 26	14 Jan 27
Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval	Annually	TDo		✓	✓		
Formal Presentation of Accounts	Annually	PB	✓			✓	✓
Annual Report (AMM)	Annually	SJ			✓	✓	
Annual Accounts– Audit findings and conclusions	Annually	PB	✓				✓
Review of Constitution	Annually	SJ		✓			
Outcome of the FPPT for Non-Executive Director Board members (including the Chair) will be presented to the Council of Governors for information	Annually	CF		✓	✓		
Receive Feedback on the Trust Chair and Non-Executive Directors Appraisals	Annually	CF		✓			
AMM Minutes for approval	Annually	SJ				✓	
Meeting the Fit and Proper Person Framework Requirements	Annually	SJ		✓			
Compliance against the Provider License	Annually	PB & SJ		✓	✓		
Council of Governors: Other Statutory Duties							
Remuneration of the Chair and other Non-executive Directors (to ratify) Links to Appointments Terms and Conditions (ATC) Committee	As req	KP					
Approve the appointment of the Chief Executive (to approve – support)	As req						
Appointment of the external auditor (to ratify)	As req						
Approval of an application for a merger with or acquisition of another FT or NHS Trust	As req						
Approval of an application for the dissolution of the FT	As req						

Agenda Item 5

Title & Date of Meeting:	Council of Governors Meeting - 16 April 2026														
Title of Report:	Perinatal and Maternal Mental Health Services														
Author/s:	Katy Morley, Specialist Perinatal Mental Health Service Development Manager														
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">To approve</td> <td style="width: 33%;"></td> <td style="width: 33%;">To discuss</td> <td style="width: 15%; text-align: center;">X</td> </tr> <tr> <td>To note</td> <td style="text-align: center;">X</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss	X	To note	X	To ratify		For assurance			
To approve		To discuss	X												
To note	X	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>This presentation provides an overview of the Specialist Perinatal Mental Health (PMH) Service, including its history, development, current service model, interventions offered, performance, workforce profile, challenges, and feedback from families.</p> <p>It is presented for discussion and to provide awareness of current service capacity, demand, and priorities.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Strong, well-established partnership model across Humber Teaching NHS FT and NAViGO. • Comprehensive specialist service, including triage, assessment, therapy, infant mental health interventions, safeguarding and liaison functions. • High-quality family and friends feedback demonstrating excellent person-centred care. • Rapid response times to maternity ward referrals (4-hour urgent response). • Consistent delivery of postnatal reviews within 10 days of birth. 	<p>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</p> <ul style="list-style-type: none"> • Ongoing collaboration with maternity providers HUTH (Hull University Teaching Hospital) and NLaG (North Lincolnshire and Goole Hospitals) to ensure smooth pathways for complex perinatal mental health care. • Continual enhancement of psychological therapy offer, including Cognitive Behavioural Therapy, EMDR (Eye Movement Desensitisation and Reprocessing) and systemic therapy. • Development of parent-infant relationship interventions including COS-P (the Circle of Security-Parenting) GroBrain, baby massage, baby yoga and parent–infant groups. • Workforce development initiatives to support staff working with high-risk clinical work. • Continued joint working with Mother and Baby Units (MBU's) nationally to secure beds where required 														
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • Funding pressures which currently impacts the 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • The governors are asked to note and discuss the presentation. 														

<p>services ability to achieve the national access standards.</p> <ul style="list-style-type: none"> • High intensity of caseloads with increased risk of vicarious trauma for staff. • Increased complexity and rising demand across the perinatal pathway 				
<p>Governance: Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)				
√ Tick those that apply				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Agenda Item 6

Title & Date of Meeting:	Council of Governors Public Meeting – 16 April 2026			
Title of Report:	Trust Chair's report			
Author/s:	Rt Hon Caroline Flint			
Recommendation:	To approve		To discuss	√
	To note	√	To ratify	
	For assurance	√		
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i> :	To provide updates on the Chair, Non-Executive Directors (NED) and Governor activities since the last Public Board meeting.			
Key Issues within the report:				
Positive Assurances to Provide: <ul style="list-style-type: none"> • The Council of Governors approved Caroline Wollerton and Andrew Brown subject to checks on 17 March 2026. • Checks completed with start dates agreed for Caroline Wollerton on 1 April 2026 and Andy Brown on 22 April 2026. • Stephanie Poole approved by Board as Senior Independent Director (SID). • Revised Board Committee Chairs/Membership and Champions 2026/27. • Updated Final Medium Term Plan submitted to NEY Region 18 March 2026. • Inspire and Townend Court CQC assessed as “Good” overall. • Trust Capability Rating assessed as Green. • National Staff Survey with “care of patients or service users is my organisation’s top priority” improved again and highest level to date. • 19 submissions for the NHS Excellence Awards • Dr Phil Earnshaw to be the Resident Doctors’ NED in line with the 10 Point Plan. 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • Board Preparations for A CQC inspection and Well Led Review • Being Humber Board Development • Developing plan to recruit an Associate Non- Executive Director (ANED) 			

<ul style="list-style-type: none"> • Humberside Police Service appointed new Partner Governor Supt Simon Vickers. 				
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • Strategic Commissioning Framework; Model Region Blueprint, Long Term Plan – both opportunities and challenges for Humber. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • The Council of Governors approved Caroline Wollerton and Andrew Brown subject to checks on 17 March 2026. • Board approved Stephanie Poole as Senior Independent Director on 25 March 2026. 			
<p>Governance: Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Trust Board	March 2026	Other (please detail) Quarterly report to Council	✓

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Trust Chair's Council of Governor's Report 16 April 2026

News

Welcome to Supt Simon Vickers who is the new appointed Partner Governor for Humberside Police. For Humberside Fire and Rescue we are still pursuing a replacement.

And welcome to Caroline Wollerton (known as Carrie) and Andrew Brown (known as Andy). Carrie joined Humber on 1 April 2026, and Andy will be joining us on 22 April. Carrie will be replacing Dean Royles as Chair of People and Organisation Development Committee and attending Mental Health Legislation and Quality Committees. Andy will be attending Mental Health Legislation, Finance, and People and Organisation Development Committees. My thanks to governors who took part in the stakeholder panels and interviews. At Appendix 1 is a table of Non-Executive Director (NED) Committee and other roles for 2026-2027. This should be useful for governors to contact the appropriate NED for assurance on different issues. As Chair I attend as an observer at Committees on occasion throughout the year.

Changes to Council of Governor Meetings timings - the Board is supportive of the Council of Governors moving to a morning session both for online and in person meetings. Currently the timings straddle the middle of the day. The new timings will free up the afternoon for both governors, Board and operational staff who attend. I discussed with Lead Governor Tony Douglas who was in support. He also suggested that Governors' pre meetings should happen online earlier after papers are received to encourage participation and be less rushed. His suggestion is the Monday before the meeting. Katie will assist governors in setting this up. The new arrangements for Council of Governor (Cog) meetings will start from July 2026.

16 Jul 0930-1130 Online

15 Oct 0930-1215 In person (coffee/tea from 0900/sandwich lunch after)

Inspire and Townend Court CQC assessed as "Good" overall after recent inspections and the National Staff Survey with "care of patients or service users is my organisation's top priority" improved again and highest level to date. These outcomes are very welcome whilst there are areas for improvement which Board have discussed. At time of writing CQC are inspecting our Community Mental Health and Crisis Teams.

It was pleasing to see that nationally our **Capability Rating has been assessed as Green**, and we have submitted **19 excellent areas of good practice for the NHS Excellence Awards**.

Medium Term Planning - Since the last meeting of Council of Governors the Board has been involved in further discussion regarding Humber's draft plan approving a revised final submission in February which has been well received. As a final check organisations were to revise and submit as part of the plan alignment an update by March 18, 2026. For Humber this involves some minor changes and clarification which as Chair I had oversight of. We are now into delivery from April 2026.

Trust Board Strategic Development Meeting 25 February 2026

We discussed:

- Efficiencies including Budget Reduction Strategy (BRS)
- Responding to the NHS 10 Year Plan
- Insightful Board and CQC Well-Led Quality Statements Update
- Safer Staffing – Board Oversight
- Advanced Foundation Trust Reaccreditation
- Nursing Job Evaluation Review and National Requirements

As usual we invite some staff to join us over a sandwich lunch and this time we met Health Care Assistants from across our mental health and community services.

1. Chair's Activities Round Up

Goole Addictions Hub 9 February 2026 – thanks to Andy Partington Service Manager and colleagues for explaining their work and services provided. I gained some great insights from them about their positive work for service users and families making a difference.

Long Service Awards 12 February 2026 – afternoon tea for 18 staff members receiving their Long Service Award certificates which in total years came to 441. We also presented certificates to winners of December and January's Employees of the Month. They were Amy Alexander Legal and Information Governance Officer, Rachel Dobbs Advanced Practitioner (RNLD) Complex and Emotional Needs Service and Jack Hudson Forensic Social Worker from the Community Forensic Team. These events remind us of the commitment of our staff to working for Humber and outstanding professional practice and Being Humber.

Children and Young Peoples Services Briefing 19 February 2026 – I met with Humber and Humber North Yorkshire ICS colleagues to find out more about how mental health hubs in schools will work with early years and preschool interventions. We also discussed the impact of social media platforms on children and young people's mental health and policies to protect from harm and restrict access.

Internal Audit Review of Digital Governance 24 February 2026 – I met with Audit Yorkshire as part of our review regarding Digital Governance. Other Board members and staff have met with them to share views too.

Internal meetings also included:

Freedom to Speak Up Meeting FTSU Quarterly Meeting 3 Feb 2026

Complaints Catch Up with David Napier 3 Feb 2026

People and Organisational Committee 4 Feb 2026

Mental Health Legislation Committee 5 Feb 2026

Extraordinary Board 11 Feb 2026

Ask the Board 18 Feb 2026

HNY Specialised MH, LD and Autism Provider Collaborative Committee 2 Mar 2026

Matt DeHoest AI Clinical Lead 3 Mar 2026
Governor Briefings 29 Jan, 26 Feb, 26 Mar 2026
Appointments, Terms and Conditions Committee 9 Mar 2026
Council of Governors 9 Feb, 17 Mar 2026
Governor Development Session 2 Apr 2026

External meetings also included:

ICS Chairs and ICB Chair Jason Stamp – 9 Feb 2026
Mental Health Chairs Network 18 Mar, 8 April 2026
Alison Hume MP Scarborough and Whitby 31 Mar 2026
NHS Alliance Mental Health Conference 14/15 April 2026
MPs Briefing x 2 17 April 2026

Non-Executive Director (NED) Visits

Caroline Flint 08/02/2026 Goole Hub – Drug and Alcohol Services
Steph Poole 05/03/2026 Bridlington & Driffield CMHT
Steph Poole 10/03/2026 Malton Hospital
Steph Poole 11/03/2026 Whitby Hospital

Unannounced (with Executive Director)

Governor Activities Round Up

Council of Governors met on 9 February 2026 to note the Annual Report and Accounts and receive an independent presentation from our External Auditor Gavin Barker. They also met on 17 March to receive a report on the NED Recruitment Campaign and approved the appointment of Caroline Wollerton and Andrew Brown subject to checks. Those checks were completed and start dates agreed.

Appointments, Terms and Conditions Committee (ATC) met on 9 March to discuss approval of NED candidates. The ATC was followed by a Council of Governors Part II meeting to discuss for approval recommendations from the ATC on 17 March 2026. The next ATC meeting is on 21 May 2026.

Governor Development and Information:

Governor Briefings

29 Jan 2026 - What the NHS Long Term Plan means for Humber
26 Feb 2026 - Humber response to external inquiries and internal incidents
26 Mar 2026 - Health MOTs for staff.

The next Governor Briefing is on 30 April and will be extended to 90 mins to explore and discuss what we mean by our behaviour framework “Being Humber” and in addition feedback from the Council of Governors Effectiveness Review. **We hope all governors will try to attend this briefing**

Governor Development Session - On the 2 April 2026 we met online and covered:

- Digital Board

- Do-It-Profiler and other digital/AI Innovations
- The role of Governors in an External Well Led Review and CQC inspection

We had good presentations and discussion with 9 governors and 2 NEDs. The recordings, slides, chat links are sent to all governors and NEDs. It was agreed that further sessions on preparing for External Well Led Review and CQC inspection will be held for all governors to ensure everyone is aware of their role and confident. Also that the Engaging Members' Group would scope networks and engagement with the public to understand how governors are fulfilling this role.

The next **Governor Development Session on the 2 April 2026** with the agenda to be confirmed.

Appointments, Terms and Conditions Committee (ATC) met on 20 November to discuss for approval Audit Chair candidate, Non-Executive Director (NED) recruitment campaign, Chair and NED remuneration and Associate Non-Executive Director (ANED) programme. The ATC was followed by a Council of Governors Part II meeting to discuss for approval recommendations from the ATC.

Visits - This year we re-established governors taking part in the PLACE visits. We are already making sure that the dates next year don't clash with the Annual Members' Meeting (the ball was dropped on that one) and would encourage more governors taking part. A full report on the outcomes of the PLACE visits will come to the Council of Governors and Board in 2026. In 2026 Non-Executive Directors' can invite a governor to join them on a planned visit and the Board Support Unit will liaise with governors to arrange.

Governor Development and Information: Governor Briefings are open to all governors including our Partner Governors. They take place ten times a year from 0900-1000 online with time for an informal catch up and for a bitesize brief on a specific service or topical issue relevant to governors. **Governor Development Sessions:** These take place three times a year, 2 in person and one online, and are longer sessions. Online recordings and slides are shared with all governors and NEDs.

Governor Briefing 30 October – Developing Place and the ICB

Governor Development Session 13 November - The Work of the Collaborative Committee and Overview of Co-Production Work and Experts by Experience

Governor Briefing 27 November - Our Community Services

2026 Governor Development and Information Programme

The 2026 schedule of topics is being prepared based on governors' requests. The list includes:

- Patient Safety Initiatives and Outcomes
- Quality Improvement Projects
- PACE Forums - Encouraging Patients and Carers to take part
- Scarborough and Area Health and Care Research Collaborative (SHARC)

- Voluntary Sector Partner Stories
- Neighbourhood Health and Integration

A suggestion was made for the Patient Stories heard at Board to happen at Governor events too. The challenge is how to accommodate everything requested and your time. I would encourage governors to watch these on the Board recordings and maybe attend some of our Patient and Carer Experience events if possible. I will be liaising with Board colleagues to find relevant Briefing, Development and CoG slots for these topics but to start 2026 our first **Governor Briefing on 29 January** will be on “**What the NHS Long Term Plan means for Humber**”.

Non-Executive Directors (NEDs) Committee Membership 2026-2027

Mental Health Legislation Committee	People and Organisation Development Committee
Stephanie Poole (Chair) Phillip Earnshaw Caroline Wollerton Andrew Brown	Caroline Wollerton (Chair) Phillip Earnshaw Andrew Brown
Quality Committee	Audit Committee
Phillip Earnshaw (Chair) Caroline Wollerton Keith Nurcombe	Kathryn Smart (Chair) Stephanie Poole Keith Nurcombe
Finance Committee	Collaborative Committee
Keith Nurcombe (Chair) Kathryn Smart Andrew Brown	Stephanie Poole (Chair) Kathryn Smart

NED Champions:

The table below highlights those roles which NHS England/Improvement recommend should be assigned a NED champion (NHSE guidance dated December 2021):

Role	Legal Basis	Status
Wellbeing Guardian	Recommended	Caroline Wollerton
Freedom To Speak Up NED Champion	Recommended	Caroline Wollerton
Doctors Disciplinary NED Champion/ Independent Member	Statutory	Phillip Earnshaw
Security Management (including Cyber Security) NED Champion	Statutory	Keith Nurcombe
Resident Doctors NED	Recommended	Philip Earnshaw

Other NED Champion roles within the Trust (not mandatory/recommended):

Role	Status
Emergency Preparedness	<p>NHSE Guidance states responsibility for EPRR sits with the whole board and all NEDs should assure themselves that requirements are being met. EPRR should be included on appropriate committee forward plans (i.e. Audit Committee) and EPRR Board reports, including EPRR annual assurance, should be taken to the Board at least annually.</p> <p>Stephanie Poole is the NED Champion.</p>

Non-Executive Director (NED) Mandatory Training Requirements:

Fire Safety (every 2 years)	Equality and Diversity (every 3 years)	Health, Safety & Welfare (every 3 years)
Infection Control (every 3 years)	IG and Data Security (annual)	Mental Capacity Act (every 3 years)
Moving and Handling (required to undertake once)	Basic Prevent Awareness (every 3 years)	Safeguarding Adults (every 3 years)
Safeguarding Children (every 3 years)	Oliver McGowan (required to take every three years)	Patient Safety Level 1 (every 3 years)
Associate Hospital Manager Training for half of NEDs	Stephanie Poole Phillip Earnshaw Kathryn Smart	AHM training to be arranged for Caroline Wollerton

Agenda Item 07

Title & Date of Meeting:	Council of Governors Meeting Part I – 16 April 2026			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	✓
	To note		To ratify	✓
	For assurance			
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.			
Key Issues within the report: <ul style="list-style-type: none"> National Oversight Publication Update on CQC visits Executive visibility Workforce initiatives 				
Positive Assurances to Provide: <ul style="list-style-type: none"> Work contained within the report 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Contained within the paper 		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Nothing to escalate 		Decisions Made: <ul style="list-style-type: none"> 		
Governance:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Trust Board	March 2026	Other (please detail) Quarterly report to Council	✓

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ Tick those that apply				
✓	Innovating Quality and Patient Safety			
✓	Enhancing prevention, wellbeing and recovery			
✓	Fostering integration, partnership and alliances			
✓	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Chief Executive's Report

1. Leadership Visibility

I recently undertook visits to a number of services including the Homeless Health Service, Electroconvulsive Therapy (ECT) service, and Prison Healthcare services. These visits provided valuable opportunities to engage directly with frontline teams. Staff were enthusiastic in discussing their work and clearly demonstrated their commitment to supporting patients and service users.

As always, these visits were extremely informative and provided useful insights into the challenges and innovations across our services.

1.1 Around the Trust

NHS Excellence Awards

The first ever NHS Excellence Awards, organised by NHS England, have opened for nominations. The organisation has submitted a varied range of entries highlighting the breadth of work across our organisation. Good Luck to the teams

The submissions are as follows:

- Trust Estates – Sustainable Healthcare Award
- Community Forensics Team – Delivering Value Award
- Respect Campaign – Valuing Our People Award
- Flu Vaccination Campaign and Staff Wellbeing – Valuing Our People Award
- Children's Division Reactive Communications Forum – Improving Healthcare Outcomes Award
- Humber Voices Service User Ward Representative Pilot – Service User Involvement Award
- Swale Ward, Humber Centre – Valuing Our People Award
- ER Inclusion Health Champions – Improving Healthcare Outcomes Award
- Interweave Platform – Digital Innovation Award
- Unintentional Injuries / Safer Sleep Programme – Working in Partnership Award
- Patient, Service User and Carer Stories Framework – Patient Involvement and Choice Award
- Health Stars Programme – Working in Partnership Award
- Media Training Programme – Valuing Our People Award
- Mental Health Streaming in an Emergency Department – Neighbourhood Excellence Award
- Humbelievable Recruitment – Valuing Our People Award
- Increasing and Normalising Breastfeeding in Hull – Improving Health Outcomes Award
- CAMHS CLEAR Project – Delivering Value Award
- Waste Management Programme – Sustainable Healthcare Award

- Fishermen’s Project – Improving Health Outcomes Award

1.1.1 Medium Term Plan Submission

The Trust submitted its Medium-Term Plan (Operational and Financial) to NHS England on the 12th February 2026. The plan was submitted successfully within the NHSE Timescales and was developed through a multidisciplinary approach with both clinical and non-clinical staff ahead of approval via Executive Management Team and Trust Board ahead of submission.

Feedback on the plan has been received and is currently being worked through.

1.1.2 Easter

In the spirit of Easter and as a small thank you for everything our teams do, we have arranged for ice cream and chocolate treats to be delivered to staff across our sites on Thursday 26th March, Friday 27th March, and Monday 30th March.

It is important to us to find meaningful ways to reach out to colleagues and say thank you, and planning small gestures like this is one of the ways we can show our appreciation. Delivering ice creams to teams is a simple but genuine example of how we try to do things differently at Humber, taking the time to recognise the incredible work our teams do every day.

We are proud that these deliveries have been made possible in partnership with our Trust charity, Health Stars. One of the charity’s aims is to support staff wellbeing initiatives, and together we want to say thank you and show our appreciation to our staff, who go above and beyond for our patients and their families every day.

1.1.3 Humber Easter Egg & Bonnet Competition 2026

Staff, patients, service users and volunteers were invited to join in by decorating an Easter egg or designing their very own Easter bonnet.

There are two categories to enter:

- **Decorate an Egg** - use a real egg, a chocolate egg or even a drawing. The more colourful and imaginative, the better.
- **Create an Easter Bonnet** – design and make your own bonnet masterpiece.

1.1.4 National Oversight Framework

The NHS Oversight Framework for Q3 (October-December 2025) has now been published, marking the third release of this new tool that creates a national ‘league table’ of Trust performance.

I am very pleased to share that in the latest data we have moved into segment one, the highest of the four segments. This is a significant achievement and something that everyone should feel proud of.

Moving into a higher segment is about more than performance ratings. It will give us greater independence in how we run our services and strengthens our position for future opportunities, including any national discussions about Foundation Trust status.

It also matters for the people we serve who can view these ratings online. Being seen to perform strongly helps build confidence among patients, families and partners that we are a safe, reliable and high-quality organisation.

Alongside moving into the highest segment, we have also risen further in the national league table for non-acute trusts, moving from 19th to **7th out of 61 trusts**.

Within our Integrated Care Board System, we also remain the highest-ranked Trust.

Some highlights from our segment one scorecard include:

- We have no Community Waits over 52 weeks
- We have the lowest % of patients in our Adult Acute Mental Health units who have a length of stay more than 60 days
- Our Urgent Community Care 2 Hour Response Performance was 97.59%
- Our financial performance remains strong, and we are reporting a favourable variance to our plan

Care Quality Commission

Two routine inspections have taken place over the last six months:

Inspire – Rated as Good

Townend Court – Rated as Good

Recommendations and plans will be taken to the Executive Management Team, then to Quality Committee, with Assurance to the Board.

During the month we also had an inspection of all our Community Mental Health Teams, which is part of the National review. Outcome awaited.

2. Around the System

Tees, Esk and Wear Valleys NHS Foundation Trust

Marie Burnham has been appointed as the new Chair of Tees, Esk and Wear Valleys NHS Foundation Trust. Marie brings over 35 years of leadership experience from both the health and charitable sectors, including executive and non-executive NHS roles with responsibilities for performance and governance. She joins the organisation from her previous role as Chair at South West Yorkshire Partnership NHS Foundation Trust.

North Yorkshire Council

Following a competitive recruitment process, Chris Watson has been appointed as Assistant Director for Adult Social Care at North Yorkshire Council.

Chris will lead the following service areas:

- Care Provider Services (including in-house care homes and day services)
- Intermediate Care, including hospital discharge and reablement services
- Occupational Therapy services
- Prevention services, including the Council's Customer Centre "front door" team and the Living Well service
- Quality and Business Continuity, including the Integrated Quality Team with the NHS

Harrogate and District NHS Foundation Trust

There have been several senior leadership changes within Harrogate and District NHS Foundation Trust:

- Russell Nightingale, Deputy Chief Executive and Chief Operating Officer, has secured a new role as Chief Delivery Officer at University Hospitals Tees.
- Angela Wilkinson, Director of People and Culture, has announced her intention to retire at the end of May, following a long and successful career at HDFT and across the NHS.

3. National Update

National News contained within the publications report – nothing further. Planning dominates. We are awaiting regional and national structures.

4. Director Updates

4.1 Chief Operating Officer Update

4.1.2 Leadership Visibility

The Chief Operating Officer continues to undertake a series of visits to in patient units and community teams, unannounced and out of hours. Current operational challenges are discussed, areas of transformational change work are considered and any barriers to making progress are picked up and addressed. Overall staff are motivated and committed to service improvement. The Chief Operating Officer continues to deputise for the Chief Executive when required and has attended the Humber and North Yorkshire System Leaders Forum and the North Yorkshire Health Collaborative Joint Committee

4.1.3 Operational Position, Winter Preparedness, Industrial Action and Service Planning

This update provides an overview of the operational position, winter preparedness and service planning across our clinical services and the arrangements and continuing work in place in the Trust and with partner organisations to manage concurrent pressures.

Our operational pressures continue to be monitored through our daily OPEL (operational pressures escalation levels) and sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary. Triggers and action cards associated with each level in the OPEL framework continue to be reviewed to ensure that the actions taken to prevent escalation are robust. Triggers continue to be in place that stand up daily executive director level response when necessary. We continue to report daily via the national UEC-RAIDR system. Reporting arrangements have been revised to meet national winter reporting requirements.

Operational service pressures have been moderate in most areas of the Trust in February and March. The highest pressures were seen in our Adult Mental Health Division with short periods of high demand for mental health beds.

The Trusts overall operational pressures in the last two months using the UEC-RAIDR triggers have been OPEL 3 predominantly for mental health and OPEL 2/3 for community services.

System pressures reduced in the Humber and North Yorkshire areas during February and March. Acute hospital partners in all parts of our area have reported pressures during this period predominantly at OPEL 3 with reduced escalation to OPEL 4. Reduction in the prevalence of flu in the population in February and March contributed to reduced pressures and in resulting in better bed unavailability.

System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity which has been adversely impacted by pressures. Local UEC Boards continue to focus on prioritised plans to address and expedite Urgent and Emergency Care (UEC) performance in our integrated care system. Performance indicators demonstrate that the 4 hour and 12-hour emergency department wait time targets remain challenged, however ambulance CAT2 calls (category 2) response times continue to show some improvement.

The Trusts winter plan for 2025/26 remained in place until the end of March. The plan was predicated on Winter Key Lines of Enquiries (KLOE's).

Our plan continues to be effective, and we have experienced very little disruption to our services. There has been no further periods of industrial action by the BMA.

Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge for operational services. In all these areas demand exceeds commissioned capacity. The Trust has continued dialogue with the ICB to agree a way forward on these waiting times for 2026/27 and beyond. Unfortunately, some children on the neurodiversity waiting lists are continuing to present with mental health needs, this is being monitored very closely. Occupancy and patient flow in our CAMHS inpatient beds continues to be good. Focus continues on our children's early intervention services, particularly embedding the mental health support teams in schools.

Nationally requirements are in place to eradicate the use of inappropriate out of area mental health beds and our services are implementing plans to achieve this, our data demonstrates that we have seen a reduction in out of area bed days. In February and early March working age adults placed out of area has been zero.

Work is still being undertaken to reduce the use of older peoples out of area beds with plans now implemented to expand the use of the Older Peoples Acute Community Service (intensive community support) and the older peoples crisis intervention team, with a plan to introduce community older people's step/down beds still being progressed. Out of area placements for our Psychiatric Intensive Care Unit (PICU) continues to be a focus for improvement. Plans are continuing to change for our current PICU based at Miranda House to an all-male unit and to make alternative provision for female patients by developing a High Dependency Unit (HDU) within our current estate. The current timescale for achieving this is Quarter 1 2026/27. Further intensive work on improving mental health patient flow is taking place to address the demand for adult mental health out of area placements.

Patients who are Clinically Ready for Discharge (CRFD) from our mental health beds remains a key priority. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms remain in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. The nationally recommended rapid improvement methodology for multiagency discharge event (MaDE) is being utilised across all of our inpatient beds to reduce the number of bed days lost due to delayed transfers or discharges for those patients who are clinically ready for discharge. Our data demonstrates that we have seen a rise in the number of adult and older people and the associated bed days in delayed transfers during February and early March, escalation continues to take place to the ICB and system partners.

The overall staff absence position has improved in February and early March and sickness is currently at 6.62% (inclusive of 2.03% maternity leave).

The Trust continues to effectively manage the impact of system pressures within its ongoing arrangements. Reducing the number of patients who are clinically ready for discharge/patients with no criteria to reside (NCTR) and reducing out of area placements remains a key operational priority in relation patient flow and access to inpatient mental health beds.

Operational focus remains on recovering access/waiting times where these continue to be a challenge. Divisions continue to pursue a range of service change and transformation programmes which are set out in their service plans, these are reported via the Operational Delivery Group to the Executive Management Team. They demonstrate that they are underpinned by capacity and demand modelling work, respond to external benchmarking data and are supported by a Quality Improvement (QI) approach where this is applicable to improve outcomes for our patients.

Service planning for 2026/2027 has been completed and this is being taken forward in line with the Planning Framework for NHS England timeline. The Trust has made its required submission in February. Targeted work is taking place to improve and sustain performance against the operational measures included in the [NHS Oversight Framework](#) and the expectations set out in the [NHS Medium Term Planning Framework](#), this continues to be overseen through our Performance and Productivity group, reported via Organisational Delivery Group (ODG) and escalated to the Executive Management team. Focus on improved efficiency and productivity continues. Work is taking place to continue to reduce the Trust's National Cost Collection Index, each service has a targeted plan for those areas above the Trusts target and service transformation plans are required to set out the expected productivity and efficiency gains.

The EPR Programme Board remains in place with a focus on optimising the use of the new system in order to realise the programme benefits as set out in the business case.

4.1.4 Multi-Agency Public Protection Arrangements (MAPPA) - Update

The purpose of this update is to provide an outline of the Trusts responsibility under MAPPA and sets out the structures and governance arrangements in place to

ensure the Trust can carry out its responsibilities under our duty to cooperate requirements.

The Criminal Justice Act 2003 provides for the establishment of Multi-Agency Public Protection Arrangements (MAPPA) in each of the 42 criminal justice areas in England and Wales. These are designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership.

MAPPA is not a statutory body but a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. MAPPA is made up of the Responsible Authority (RA), Police, National Probation Service and Prisons. Other agencies are known as Duty to Cooperate Agencies (DTC), of which Mental Health services are one. The duty to cooperate requirement includes the trust and practitioners working in the trust to cooperate with MAPPA processes including identification of individuals who may be subject to MAPPA and sharing information relevant to assessing and managing the risk posed by those individuals.

To support the delivery of MAPPA requirements within the trust and to ensure support is available within the divisions there is a clear structure in place to carry out our duties to cooperate. Helen Courtney (Forensic Division Clinical Lead) continues in the role of the Operational Lead for MAPPA in the Trust, attending the Strategic Management Board (SMB) on behalf of the Trust's executive lead, leading on the day to day coordinating and liaison between the Trust and responsible authority, along with leads for MAPPA in each division. The lead role supports the coordination of access and availability of training, reviews and updates the MAPPA Protocol and any other duties that arise in relation to MAPPA and criminal justice in the Humber region. The role also incorporates attendance at the Criminal Justice Board, a forum organised three times per year by the local Police and Crime Commissioner, which has a broader remit and attendance than the SMB but with no legal framework. This is likely to be impacted by the planned abolition of Police and Crime Commissioners.

The network of MAPPA divisional leads continues to routinely attend all MAPPA level 2 and 3 meetings as a core panel member and are the link between MAPPA panels and clinical areas in the Trust. The leads support gatekeeping and quality checking of referrals to MAPPA and are the link to the clinical teams to support decision making and understanding of MAPPA and its application. As part of the governance arrangements in place the divisional leads also support the auditing process of MAPPA to provide quality assurance.

To support the interface between MAPPA and the Trust an operational interface meeting takes place every four months between the Trust and the MAPPA co-ordinator and MAPPA administrator. The purpose of these meetings is to share information and update on any changes or challenges within the MAPPA system and procedures and an opportunity to raise any issues or concerns regarding applying the duties as a duty to cooperate agency. The last meeting took place in December 2025 and covered draft revised MAPPA Mental Health Guidance, gave a case study presentation and audit planning, amongst other topics. The next meeting is planned for April 2026.

Within the local MAPPA system there are number of governance arrangements in place where we as a trust are actively engaged and are a key contributor, as a duty to cooperate agency. The Strategic Management Board (SMB) is how the responsible authority fulfils its duties under Section 326(1) of the Criminal Justice Act 2003. All SMB meetings have been attended by the Trust's executive lead and/or MAPPA lead in this reporting period. The Trust are active members of the Performance and Quality Assurance (PQA) subgroup, and this is attended by the forensic divisions MAPPA lead (who is also the community forensics clinical lead). As part of the MAPPA governance process, the MAPPA team undertake an annual audit/census of MAPPA cases which is supported by our divisional MAPPA leads. The census is next due on 31st March 2026, and it is anticipated that the Trust's new automated report based on the MAPPA records in SystmOne will make this process significantly better.

MAPPA panels are attended by the division leads for MAPPA and by the appropriate members of the MAPPA-managed offender's care team where required. The attending mental health representative is responsible for ensuring appropriate mental health systems are flagged with the risks posed by offenders managed by MAPPA panels. There is also a responsibility that the flag is removed for cases that are no longer MAPPA eligible. Attendance at panels also enables us to pick up any issues to address or raise with system partners to support the whole system management of people under MAPPA.

Annual MAPPA foundation level training is delivered by the MAPPA coordinator from the responsible authority. The training is delivered via MS Teams and is also available as a recording though a link obtained from the responsible authority's MAPPA internet page. The annual training is promoted across the Trust and through all the divisions through the divisional MAPPA leads. A further training session was delivered by the responsible authority in November 2025 which was attended by a number of trust staff. Further training is planned by the RA but there are currently no dates available at present.

Trust communication methods are regularly used to support and disseminate information about MAPPA, and a dedicated intranet page contains all the relevant information and resources that staff require. The MAPPA Protocol has been reviewed to reflect up to date processes in the current EPR, to update intranet links that have been broken and to transfer the protocol to the new Trust template. The revised protocol was submitted to the MH Legislation Committee for review and support. A new automated report generated from the MAPPA data held within the Electronic Patient Record (EPR) has been available since November 2025.

In December 2025 and January 2026, an audit of all MAPPA cases identified on the automated report from SystmOne has taken place. The report identified that there were 94 patients in the Trust identified on the EPR as being on MAPPA, with the majority of these being under the care of the Forensic Division, as would be expected.

4.1.5 Implementation of the Personalised Care Framework: The Modern Care Programme Approach (CPA)

The Care Programme Approach (CPA) was first introduced by the Department of Health (DoH) in 1990 as a means of ensuring the organisation and co-ordination of safe and effective care provision of mental health services in England. In late 2025

after several years without clear guidance on replacing the old Care programme approach system as part of the implementation of the Community Mental Health Framework (2019), NHS England produced a new framework which replaces CPA - Personalised Care Framework (PCF) -The Modern Care Programme Approach (2025).

The new personalised care framework applies to all NHS-commissioned secondary mental health services, including inpatients, forensic, community, and VCSE partners. It should be needs led, aimed to support people with severe or complex mental health conditions. The only areas which are out of scope are children's mental health services (specific guidance to follow), NHS talking therapy & primary care mental health teams (exceptions may apply).

Overall, the aim is to move from a rigid process driven approach and bring up the standard of care for everyone who experiences severe mental illness. Therefore, there will no longer be a distinction between "CPA & non-CPA". All adults and older adults in receipt of mental health services will have access to the personalised care framework.

The Personalised Care Framework outlines a number of core principles and actions required to deliver the Modern CPA which are included in our modern CPA implementation plan which is supported through our PMO (project management office) and reported through the service planning and transformation group. To deliver the work outlined within the implementation plan, a multi-agency delivery group has been established with a number of task and finish groups in place to progress this.

The core principles and actions required to deliver the programme are:

- Everyone has a care and support plan that reflects their needs at that time.
- Clear communication and information about next steps and treatment options.
- People using services have someone who takes lead responsibility for their care.
- Review and Re-access - formal reviews at least every 6 months or when circumstances change.
- Experience of and response to care and treatment are measured and responded to - routine use of outcome and experience measures (PROMs (patients reported outcome measures), PREMs (patient reported experience measures)).
- Safety assessment, formulation and management planning.
- Ensure statutory responsibilities continue to be integrated and exercised within the new PCF framework.

Nationally there are no key performance indicators associated with personalised care planning and the modern CPA. The MHMDS (mental Health minimum data set) KPI of completed CPA reviews is no longer required with a clear shift away from reporting completed reviews as this is not an indication of patient experience or quality. In future the only requirement is a completed Patient Reported Outcome Measure (PROM). However, currently there is no further National guidance on what this needs to be or any thresholds of compliance or how this will be measured if PROMS cannot be completed. A PROM is reliant on the service user agreeing to complete one, and for some people for, instance in acute distress or people with cognitive impairment, a PROM may not be appropriate. To address this, it is

suggested that in these instances a clinician reported outcome measure (CROM) will need to be used. Both the reporting of CROMS and PROMS are currently being implemented through the Trusts PROMS and CROMS implementation group.

Currently there is no national timeline to make the change from CPA to PCF. NHS England are in the process of producing a 'Modern National Service Framework' for mental health, but currently there is no confirmed time frame for this being released. It is envisaged that PCF will align with this framework.

For the trust the successful implementation of the Modern CPA is predicated on the implementation of PROMS and CROMS and more significantly the visual reporting tools required to ensure PROMS and CROMS are effectively utilised. A comprehensive project plan and implementation timeline is currently being finalised for the roll out of standardised PROMS and CROMS across all of the Trust services. The implementation of both the PROMS and CROMS work, and implementation of the Modern CPA will be aligned and progressed.

4.1.6 Health Visitor Pathfinder Immunisation Pilot

As part of the Governments manifesto to give all children 'The Best Start in Life' and the NHS 10-year plan, Humber Teaching Foundation Trust and Hull and East Riding Local Authorities have been selected by NHSE to deliver a Pathfinder programme designed to enable Health Visitors to deliver childhood immunisations during home visits.

The two areas to be targeted as part of the initial pilot are West of Hull and the north of the East Riding of Yorkshire encompassing Driffield and Bridlington, these areas currently have low vaccination uptake for the under 5's and will benefit from this pilot significantly.

Health Visitors as Registered Public Health Nurses are trusted members of the community who see all children under 5. Under this new scheme they will be able to offer families, who are unable to attend for vaccinations with a GP, a vaccination at home. For instance, families who are not registered with a GP, who struggle with travel costs, childcare, language barriers, digital exclusion or any other issues which may stop them from attending a GP surgery. By allowing Health Visitors to administer vaccinations at home, the aim is to support families and encourage vaccine uptake through delivery of the Healthy Child Programme.

The vaccination pilot will begin in February 2026 and will run until March 2027. National evaluation by the UKHSA (UK Health Security Agency) will take place once the pilot has finished. The Hull and East Riding programmes are designed to be supplementary and not a replacement for the core GP immunisation offer. Families should continue to book and attend their child's routine immunisations with their GP practice as usual. The programme will only engage with families subject to criteria based on local and individual need.

Pathfinder areas have been invited to develop local proposals in partnership across health visiting services, GP practices, integrated care boards and community services. Delivery models vary to reflect local circumstances, but all adhere to consistent clinical standards, safeguarding and consent requirements, and are funded and supported to ensure safe, high quality clinical practice. The focus is on families that face the biggest challenges in accessing current services, with health

visitors providing trusted, proactive contact and seamless referral back to GP services.

The pilot programme will run for 12 months and will be independently evaluated by the London School of Hygiene and Tropical Medicine Health Protection Research Unit against uptake, equity, and value for money metrics. Only 12 pilot sites have been selected across the country, and our 0-19 services are immensely proud that our public health nurses will be amongst the first in the country to help shape this national programme and to help parents protect their children against preventable diseases.

4.1.7 NHS England ADHD (attention deficit hyperactivity disorder) Task Force Update

Following the publication of the independent [ADHD Taskforce final report](#) in June 2025 and the response by NHSE in November 2025, the Trust has established a partnership task and finish group across Hull and the East Riding of Yorkshire to take the recommendations of both reports forward. The Strategic ADHD Taskforce Implementation Group has been established to provide strategic oversight, coordination, and leadership in relation to Attention Deficit Hyperactivity Disorder (ADHD) across Hull and ERY.

This group will build on the work already in place and the key role of the partnership group is to:

- Oversee the implementation of the recommendations of the ADHD taskforce working collaboratively to improve outcomes for children, young people, and adults with ADHD through joined-up policy, service design, and delivery.
- Oversee system wide implementation of New ADHD Management Guidance.
- Support alignment of policy, practice and commissioning.
- Address demand, capacity and quality issues across ADHD pathways.
- Improve early identification, assessment and diagnosis of ADHD.
- Promote consistent pathways across agencies.
- Reduce waiting times and address service gaps and inequalities.
- Improve access to appropriate support.
- Strengthen multi-agency collaboration.
- Ensure the voices of people with ADHD and their families/carers inform decision-making.
- Oversee the delivery of agreed ADHD action plans and priorities.

To support the development of a prioritised work plan, a gap analysis comparing the current commissioned services in Hull and ERY with the required future state outlined by the ADHD Taskforce final report has been completed. The analysis shows that the current provision in Hull and ERY falls substantially short of the standards and model of care outlined by the ADHD Taskforce. Key areas requiring transformation include:

- Reducing waiting times
- Expanding workforce capacity
- Embedding ADHD in primary care

The ADHD task force group meets bi-monthly and will report via the Organisational Delivery Group to EMT.

4.2 Executive Director of Nursing, Quality and Professions / Caldicott Guardian

4.2.1 Leadership Visibility

0-19 Service East Riding

On the 29 January 2026, the Executive Director of Nursing, Quality and Professions visited the 0-19 Service at the Maples in Beverley. The visit was supported by the Service Manager, Louise Chadwick.

The Maples provides an excellent environment for families and staff, and it was clear that the service is operating a mature, well-integrated model for delivering the Healthy Child Programme across the area. The multidisciplinary structure, which includes Specialist Community Public Health Nurses, Family Nurse Practitioners, breastfeeding specialists, Public Health Nurses, Health and Development Practitioners and support staff, enables cohesive delivery of both universal and targeted care.

A particular strength evident throughout the visit was the team's robust approach to the mandated Healthy Child Programme contacts. Reviews from the antenatal period through to the 2–2½ year contact are consistently completed by qualified Specialist Community Public Health Nurse Health Visitors, supporting early identification of developmental needs, maternal mental health concerns and any safeguarding issues. The service also demonstrated strong collaborative working with midwifery, general practice, children's centres, early years providers, schools and wider partners, ensuring coordinated support for families with additional needs and those requiring early help or safeguarding intervention.

Overall, the visit highlighted a service that is closely aligned with national standards, underpinned by prevention, early intervention and a clear commitment to reducing health inequalities across the East Riding. Staff demonstrated professionalism, compassion and a shared focus on improving outcomes for children and families.

Memorial Ward, Whitby Hospital

During a visit to the Memorial Ward at Whitby Hospital on 11 March 2026, the Executive Director of Nursing, Quality and Professions, accompanied by the Matron Tracy Savil, observed the positive impact Tracy has made in a relatively short period of time, since commencing in post at the Trust. Tracy has established a strong, visible leadership presence on the ward, something staff have clearly appreciated. She has also introduced several initiatives that promote a restorative just culture, including access to Professional Nurse Advocate support and a focus on staff health and wellbeing.

The ward environment was noted to be clean, bright and calm, and the Executive Director was able to see the new nurse call system operating effectively. The increased visibility of calls via the corridor panel, along with the louder alert tone, is already supporting quicker staff responses, particularly when they are working across multiple bays.

Staffing levels on the ward were appropriate, with a safe skill mix and good levels of experience across the team. Tracy also outlined plans for a 'Global Tea Party', which forms part of a quality improvement initiative aimed at enhancing nutrition, hydration and patient experience by creating more opportunities for social interaction.

During the visit, Senior Staff Nurse Kelly spoke enthusiastically about developing the ward's volunteer support and exploring fundraising opportunities to purchase additional activity equipment for patients. She also highlighted the positive impact of improved social media use on staff recruitment. Once the new starters currently in the pipeline take up their roles, the ward will be fully established.

Overall, the visit reflected strong leadership, a highly motivated team, and a clear, ongoing commitment to improving patient experience and staff wellbeing.

4.2.2 Professional Updates

On the 21st Mental Health Nurses' Day 2026, the Executive Director of Nursing, Quality and Professions paid tribute to the Trust's mental health nursing workforce, recognising their compassion, clinical skills, and dedication to supporting people through their most challenging moments. The Executive Director of Nursing, Quality and Professions, emphasised the vital role mental health nurses play in advocating for service users, providing holistic care, and offering hope in times of crisis. The Trust introduced its first Head of Nursing Mental Health, reflecting the organisation's commitment to strengthening leadership and continuously improving mental health services.

The Trust's new Head of Nursing Mental Health, Sian Johnson, brings 19 years of experience across inpatient, community, crisis, and specialist settings. She highlighted her commitment to visible and supportive leadership, ensuring nurses are empowered, heard, and equipped to deliver high-quality, person-centred care. Sian will focus on strengthening training and resources, improving recruitment and retention, supporting workforce wellbeing, and driving best practice across services.

“What to Expect from the Head of Nursing Mental Health”

Sian Johnson will provide visible, accessible leadership focused on supporting the nursing workforce and improving patient care. Her priorities include ensuring teams have the right training and resources, maintaining safe and high-quality services, acting as a clear point of contact for staff feedback, strengthening recruitment and retention, and promoting innovation and best practice. She will work closely with clinical and operational teams to maintain a strong presence across services to understand challenges and drive improvement.

Professional Lead Update – Social Work

Social Work Week (16–20 March 2026)

The Executive Director of Nursing, Quality and Professions, paid tribute to Social Workers alongside Fran Ashton, the Head of Social Work and encouraged all to participate in the national Social Work Week events hosted by Social Work England, as well as attending the Trust's March Social Work Forum promoted in *The Global*.

Mental health social work is a profession that demands exceptional skill, emotional intelligence and resilience. Our mental health social workers support people through some of the most complex and deeply personal challenges, helping individuals make

sense of distress, navigate risk, rebuild confidence, and find hope in moments when hope can feel distant.

What sets mental health social workers apart is their ability to see the whole person, not just the diagnosis. Their practice combines therapeutic skill, social justice, safeguarding, advocacy and relational work. They bring a perspective that is vital to truly holistic care, one that recognises the impact of trauma, social inequality, environment, identity, and lived experience on a person's wellbeing.

Within our multidisciplinary teams, mental health social workers play a critical role in:

- supporting people to make informed decisions about their care
- safeguarding with compassion and clarity
- ensuring that rights, dignity and voice are always upheld
- navigating complex legal frameworks with professionalism and humanity
- bringing social perspective into clinical discussions
- working alongside families, carers and communities to strengthen support networks

Joint Working with Hull City Council

Following Hull City Council's recent *Requires Improvement* rating from the CQC, joint work continues to strengthen delivery of Care Act (2014) duties. Key activity includes developing performance measures for adult mental health social work and creating a Liquid Logic-based dashboard to improve oversight of recorded activity. A new Court of Protection Protocol has been issued and promoted across teams. Hull City Council has launched a refreshed Mental Capacity Act Forum offer, comprising MS Teams sessions for all staff and in-person sessions for elected representatives throughout the year.

Assessed and Supported Year in Employment (ASYE)

Five newly qualified social workers are currently on the ASYE programme, supported by an independent subject expert funded through Skills for Care. The joint moderation panel with Hull City Council met in February.

Social Work Education and CPD

Managers are reminded of available training on supporting teams working with people affected by trauma. Social workers with delegated duties from Hull City Council continue to access the council's training offer, alongside free places on regional mental health social work CPD sessions delivered through the Community of Practice.

Interprofessional Working Project & MH Social Work Leadership

Work continues on the national interprofessional learning guide, *Learning Together for Better Outcomes*, funded by NHSE. Linked learning sets will follow publication. The Trust's audit of social work leadership commenced in February, focusing on eight domains including strategic leadership, practice excellence, workforce development and demonstrating impact. Engagement sessions with staff and managers are underway.

Regional/National Social Work Activity

The Northeast and Yorkshire Community of Practice has published a blog on the importance of social work identity, featured by the Department of Health and Social

Care. The Chief Social Worker for Adults continues to highlight the role and contribution of social work with adults nationally.

Professional Update - Health Visiting

The Executive Director of Nursing, Quality and Professions is providing executive nursing sponsorship and coaching to one of the Trust's Health Visitors, Rebecca Price. Rebecca is one of twenty-four health visitors that have been successful in securing a scholarship on a national programme on the Institute of Health Visiting's Dame Elizabeth Fradd Leadership Programme, the UK's only nationwide leadership fellowship for health visitors. The programme runs over 12 months and includes a mix of workshops, online learning, mentorship and coaching, all designed to strengthen leadership skills within health visiting.

This is a great opportunity for us to invest in future leadership within our early year's services. The initiative focuses on building confident, influential leaders who can support teams, drive evidence-based practice and contribute to improved outcomes for babies, children and families, something strongly emphasised throughout the fellowship.

By supporting participation in this programme, the Trust will:

- Strengthen its leadership capacity within health visiting
- Enhance quality and safety of services for children and families
- Contribute to national leadership development in line with evolving public health priorities
- Position the Trust as a forward-thinking organisation investing in its workforce
- Support the development of an aspiring leader who can influence system-level change

4.2.3 Care Quality Commission (CQC) Update – January 2026

The Care Quality Commission (CQC) has entered 2026 with a renewed commitment to strengthening how it regulates health and social care services. In its January update, the CQC confirmed that it is ahead of schedule in delivering provider assessments, completing more than 5,000 since April 2025 and significantly increasing inspection activity towards the end of last year. While this progress is encouraging, the CQC recognises the need to continue improving the consistency of assessments, the reliability of its systems, and the overall experience for providers.

As part of its ongoing "2026 Reset," the CQC is implementing a series of improvements following independent reviews. These include modernising digital systems, enhancing clinical expertise within inspection teams, and refining regulatory methods to ensure clearer expectations and more consistent judgements. These changes are intended to create a more transparent, responsive, and supportive regulatory environment—one that better reflects the pressures facing NHS and social care services. We will continue to monitor developments closely and keep colleagues updated on what this means for our Trust.

Results of the public consultation undertaken towards the end of 2025 have not yet been published, this work focuses on key proposed changes around the further development of frameworks and guidance including a review of the quality standards and improving how judgements and ratings are made.

4.2.4 Safer Staffing

In line with National Guidance the Trust reports against the Safe staffing guidance every six months. The trust has strengthened its reporting to ensure it is considered by the Quality Committee prior to receiving at the Trust Board.

4.2.5 Anti-Racist Network

The Trust Anti-Racist Network supports the Trust's vision of ensuring Black, Asian and Minority Ethnic colleagues feel valued, included and able to thrive within a compassionate workplace. As Executive Sponsor, the Executive Director of Nursing, Quality and Professions supports monthly meetings. The Network works with the organisation to address inequalities, discrimination, social justice issues, and the under-representation of ethnic minority colleagues across pay bands. It also aims to reduce health inequalities in care, outcomes and staff wellbeing, while promoting the principle that anti-racism is everyone's responsibility. The Network provides a psychologically safe space where concerns can be raised and addressed, empowers members to hold the organisation to account in line with the Being Humber behavioural framework, and ensures lived experience informs inclusive decision-making.

Recent meeting discussions focused on enhancing psychological safety, including inviting Psychology colleagues to offer practical guidance on managing experiences of racism and exploring a confidential route for members to share their stories. Communication improvements were also discussed, with a proposed mailing list currently under Information Governance review. A face-to-face session has been arranged for 7 October 2026, building on the positive engagement seen in previous years.

4.3 Executive Director of People & Organisational Development (OD) Updates

4.3.1 Leadership Visibility

Over recent weeks, the Executive Director of People has continued to increase visibility across the organisation by attending a series of staff training sessions, including wellbeing conversations training, sickness management fundamentals and team-based development events. These sessions have offered valuable opportunities to hear directly from colleagues about the quality and practical value of our training offer.

Through informal discussion and observation, colleagues shared helpful reflections on what supports effective learning, where training feels most relevant to day-to-day practice, and where additional clarity or tools would strengthen confidence. Staff also emphasised the importance of protected time for training and welcomed senior leadership presence at these sessions.

In addition to training visits, there was a visit to the Perinatal Team at their new base at The Maples. The team provided a warm welcome and spoke with pride about their service. This visit offered an opportunity to see the new premises, understand the environment in which they work and hear directly from the team about their priorities, challenges and the positive impact of the service on women and families. The team appreciated visible senior support and the acknowledgement of their commitment and expertise.

Insights gathered from all visits are being shared with the People and OD team and Learning and Development to inform ongoing improvements, ensure the training offer remains aligned to operational needs and maintain a focus on practical application. Further visibility sessions are planned over the coming months to continue this direct engagement with staff and to support a culture where learning, development and open conversation are encouraged.

4.3.2 Enabling People Strategy – Assurance Update

Delivery of the People Strategy continues to progress well, with strong and sustained improvements across key workforce indicators. Vacancy rates have reduced significantly (from 9.98% in 2023 to 6.7% in November 2025), turnover has improved to 8.9%, and statutory and mandatory training and appraisal compliance remain consistently above target. Staff engagement and morale continue to perform above national benchmarks, supported by our leadership, talent and wellbeing programmes. Digital innovations, including ESR Go, appraisal functionality through ESR, and workforce scorecards are strengthening operational grip and improving staff experience.

The full progress report was received and discussed at the People & OD Committee in February, providing additional assurance on delivery and oversight of the strategy.

Work continues to address areas requiring focus, particularly hard-to-fill clinical roles, sickness absence, and embedding inclusion and representation improvements at senior levels. These risks are being actively mitigated through targeted recruitment activity, the Towards a Healthier Workforce programme, and strengthened EDI actions, where several 2025 leadership representation targets have already been exceeded.

Given the evolving national and system context, preparatory work has begun on the planned 2026 refresh of the People Strategy to ensure continued alignment with the NHS Long Term Workforce Plan, the NHS 10-Year Plan and ICB workforce priorities. Overall, current delivery provides positive assurance that we remain on track and continue to strengthen workforce sustainability, culture and capability.

4.3.3 New regulation for NHS managers: outcome and next steps

Published on 22nd July Outcomes and next steps following DHSC's response to the consultation on regulation of NHS managers.

Background and context

In November 2024 the Department of Health and Social Care (DHSC) consulted on whether to introduce regulation for managers in the NHS. The proposals have been shared as part of the government's 10 year health plan, and the formal response which outlines the intention for new regulation to apply to board level members in the NHS and their direct reports, was published by DHSC on 21 July 2025.

Key messages

- There has been a decision to introduce a form of regulation, this will be a statutory barring scheme.
- This is a complex *and* novel form of regulation, unique for the health sector.

- It is different to other regulation that exists; in that it is not a register for which individuals must meet a set of educational and fitness standards to be able to practise in a particular role.
- It will be a register which identifies those individuals who are unfit to be appointed to a board level role or a senior direct reporting role.
- The Health and Care Professions Council (HCPC) will hold responsibility for the scheme.

Next steps

- There will be a formal consultation on the method of regulation. This is likely to happen in late 2026
- Draft legislation will be prepared which will follow the usual parliamentary passage to become legislation.
- In parallel, the HCPC will formally consult on rules and processes including a Code of Conduct as well as engaging with stakeholders on the design of the scheme.

When the scheme infrastructure has been designed and approved, ahead of its implementation, there will be a period of up to 12 months, in which the requirements will be clearly articulated to those who will be subject to the scheme.

4.3.4 Job Evaluation Readiness

The national letter issued on 12 February 2026 outlines a clear expectation that all NHS organisations undertake a review of every Band 5 nursing role, ensuring that duties align with job descriptions and that each nurse is “in the right band.” It also confirms that additional national funding will be provided to support implementation and that further detail on delivery, timescales and assurance arrangements will follow.

Whilst this isn’t new information, this announcement accelerates the requirements and shifts the focus to Band 5’s. Prior to this announcement, our work had already commenced on strengthening our nursing job evaluation processes. However, our approach has, appropriately, been grounded in reviewing roles, not individuals. To date, our focus has included:

- **Establishing a robust evidence base:** Collating job descriptions, confirming whether they are current, and identifying which roles have been evaluated within the last three years.
- **Addressing the complexity of nursing profiles:** Unlike the Band 2–3 HCA review, nursing roles cannot be meaningfully compared through a simple matrix; each specialism requires individual assessment.
- **Setting up a formal working group:** With clinical leads from each area and staff-side colleagues, meeting monthly to oversee the workstream and ensure shared ownership.
- **Reviewing the updated Job Evaluation Handbook** requirements relating to nursing roles.

- **Commencing the NHSE annual JE audit return**, which adds further governance and workload into the same timeframe.

Progress so far has been steady but necessarily slow, given the volume of roles, the level of detail required and the need to obtain accurate and assured information from operational teams.

The Government's announcement marks a shift in expectation towards individual reviews, which represent a significantly more resource-intensive task. With approximately 300 nurses in scope, this introduces a substantial uplift in workload and coordination requirements.

The letter makes clear that:

- All Band 5 nurses must have a proper assessment of duties against job descriptions, with consistency and accuracy in application.
- Organisations must progress this "at pace" and with "board-level oversight."
- Further detail on delivery, timescales and assurance expectations will be issued nationally.
- Additional recurrent funding will be provided to assist with implementation.

Given these requirements, our current methodology will not be sufficient to sustain the volume, speed and granularity now anticipated. While we await detailed guidance on national expectations, timescales and assurance processes, the Trust is not yet in a position to redesign the delivery model, commit resources, or shift to individual-level reviews without clear parameters. We must await formal guidance before adjusting our methodology or committing to revised timescales.

Actions taken whilst we await further information:

- Executive Director of People & OD has emailed all nurses to assure them that once we have further information we will address.
- Message has gone in the Global
- Inbox set up for any FAQ's to be gathered and responses shared

4.3.5 Procurement of a New National Job Evaluation Software Solution

DHSC, NHS England and NHS Employers, working in partnership with the NHS Staff Council, are progressing the procurement of a new national Job Evaluation (JE) software solution to strengthen consistency and compliance in the application of the NHS Job Evaluation Scheme across England. This national programme forms part of the commitment set out by the Secretary of State for Health and Social Care within the 2023 Agenda for Change pay deal.

The system will be centrally funded and procured for all Annex 1 NHS organisations in England. The initial contract term will be three years, with the option to extend for a further two years.

Timeline

- Market testing has now been completed.
- The formal tender is expected to launch in April 2026, with a preferred supplier identified during Q2 2026/27.
- Development, testing and piloting will follow through the remainder of 2026/27.
- A phased national rollout is planned from April 2027.

We will continue to monitor progress closely and will keep the Board updated as further national information becomes available.

4.3.6 Transforming People Services: National Programme Update

NHS England is progressing the Transforming People Services programme, which aims to modernise and improve the way People Services are delivered across the NHS. The programme supports a digital first approach, greater standardisation and a clearer operating model for HR functions nationally.

The national work has now moved from initial design into more detailed planning. This includes confirming the future structure for People Services and the alignment with the forthcoming national workforce system that will replace the current ESR platform.

The programme seeks to reduce variation, improve staff experience and enable HR teams to focus more on strategic and complex activity through better use of technology and more consistent processes. It is anticipated that the future model will involve some services being delivered at regional or cluster level, supported by improved digital tools and a simplified way for staff to access help and information.

Early national design work has been approved, and regions are now expected to begin local preparation. This includes reviewing current policies and processes, understanding data quality, and identifying any skills and capability development needed to operate within a more modern and standardised People Services framework.

For our Trust, this means we will begin internal readiness work during 2026. This will help ensure that our People Services team is prepared for the national changes and that we align with emerging national standards. Further updates will be brought to the Board as the national programme provides more detail on timelines and requirements.

4.3.7 Working Towards a Healthier Workforce – An intelligence Led approach to reducing sickness absence

The 'Towards a healthier workforce' strategy aims to address the move from sickness to prevention, as outlined in the NHS 10-year plan with two key interventions 1) The Rapid Response Sickness Intervention Model (RRSIM) and 2) the Towards a Healthier Workforce – Working Group.

The RRSIM is now embedded and sees 38 teams receiving heightened support from People and OD teams.

The working group is currently focusing on the development of a new Sickness Management Policy and Procedure, development of a training module for managers around the fundamentals of sickness management and they are also learning more about the Psychological support offer for staff being developed across the Trust.

Since circulation of the January 2026 scorecard, key sickness indicators show early improvement:

- Monthly sickness reduced from 6.26% (Dec) to 5.67% (Jan).
- Rolling 12-month sickness improved from 5.62% → 5.60%.

- Long-term sickness (LTS) cases reduced from 110 → 85, with 11 returns in February, taking the real-time LTS caseload to 74.
- Notable in-month improvements were recorded in MH Planned Care, MH Unplanned Care and Forensics.

The direction of travel is positive and suggests that targeted interventions are beginning to take hold. Sustained operational grip remains essential to maintain momentum.

Your Flex Plus – Impact and Actions

Since launching Your Flex Plus in November 2024, the Trust has seen a marked increase in engagement with flexible working, with a 31% rise in monthly requests and 158 more applications submitted compared with the year prior to launch, reflecting greater awareness and psychological safety to discuss work–life balance needs. The Trust continues to perform above national comparators for the People Promise “*We Work Flexibly*”, even though early indicators show the 2025 results have dipped slightly across several themes, including burnout.

Approval rates have reduced by around 3.4%, now more closely aligned to regional and national patterns, highlighting increasing operational complexity as more flexible arrangements accumulate within teams. Work-life balance also remains the leading voluntary reason for leaving, making continued focus on this area essential.

To strengthen the sustainability and impact of Flex Plus, EMT has agreed the following actions:

- **Monitor the flexible working acceptance rate closely over the next 6–12 months**, including breakdowns by division, department and staff group, to better understand patterns and pressures.
- **Engage directly with operational areas facing the greatest challenges**, particularly inpatient and community services, to gather barriers, problem statements and local operational constraints, and offer tailored support to managers.
- **Develop additional guidance and practical resources for managers**, especially around more complex flexible options (e.g. annualised hours, term-time working), where Operational HR has identified confusion or implementation difficulty.
- **Plan an annual re-launch of Your Flex Plus**, reinforcing the “aim to say yes” culture, myth-busting, and sharing success stories to maintain momentum and awareness.
- **Encourage greater consideration of flexibility at the job design and recruitment stage**, including reviewing vacancy adverts listed as offering flexible working.

Overall, Your Flex Plus is having a positive impact, but the agreed actions will ensure it continues to drive improvements in wellbeing, engagement, attendance and

retention, and that managers are supported to balance individual needs with service requirements.

New Starter Experience – Update

Improving the experience of new colleagues remains a priority, particularly as more than half of voluntary leavers have fewer than two years of service. Work life balance continues to be the most common reason for leaving among this group.

To strengthen early experience and support retention, EMT has supported the introduction of a new, simple New Starter Experience Survey. This will be issued at two key points in a colleague's first year: after successfully passing probation and again at the one year mark.

The survey draws on a small set of National Staff Survey indicators to give divisions timely insight into engagement, team culture, flexible working, morale and advocacy. Colleagues can also provide narrative comments on what worked well and what could have improved their early experience.

Monthly results will be shared with HR Business Partners and divisional managers so that themes can be explored promptly. A quarterly Trust-wide summary and heatmap will be provided to EMT to highlight positive practice and identify areas that may benefit from proactive support.

This new approach aligns with and strengthens other retention initiatives already underway, including Stay Conversations, improvements to Exit Interviews and the wider Employee Value Proposition work. It will help ensure a more consistent and responsive approach to supporting colleagues during the earliest stages of their employment.

4.3.8 Multigenerational Workforce – Employee Value Proposition (EVP) Update

Overview

The Trust's workforce spans four generational groups (Baby Boomers, Gen X, Gen Y/Millennials and Gen Z). Colleagues' needs, expectations and experiences often differ by life stage and career stage. Developing a clear Employee Value Proposition (EVP) the overall employment offer and experience is a key enabler of retention, engagement and being a great place to work.

This work aims to understand what our people value across generations, how their experience varies, and what actions could strengthen our EVP to support workforce sustainability.

Purpose of the Work

The programme is designed to:

- Analyse our demographic profile and age mix.
- Review external evidence on generational needs and expectations.
- Assess our own workforce data by generation (Staff Survey, leavers, sickness, flexible working).
- Identify what colleagues value most and where our employment offer meets, or does not meet, these expectations.
- Provide recommendations for actions to enhance the EVP across generations.

The approach includes generational focus groups, follow-up conversations, and wider validation of themes emerging from the sessions

Progress to Date

Engagement and early insight

- The work has been presented at divisional ODGs and at an ODG deep dive. Managers welcomed the focus, highlighting the practical challenges of managing multigenerational teams, differing expectations (e.g. flexibility), and the importance of understanding colleagues' life-stage needs.
- All colleagues were invited to express interest in taking part; 391 colleagues responded, representing a broad mix of roles, bands and service areas:
 - 46 Baby Boomers
 - 132 Gen X
 - 86 Gen Y (Millennials)
 - 29 Gen Z

Focus group preparation

- Four mixed, representative cohorts of 15 participants each have now been selected, ensuring diversity of role type, band, length of service and manager/non-manager mix.
- Sessions will be facilitated by the EDI Lead and Senior OD Practitioner. Dates are:
 - Gen X – 17 March
 - Gen Y – 23 March
 - Gen Z – 22 April
 - Baby Boomers – 24 April
- Participants have received preparation materials to support open, reflective discussion.

Wider engagement potential

- The working group is exploring how to involve the remaining colleagues who expressed interest, for example by validating statements emerging from the focus groups.
- This project has created a substantial and motivated engagement pool (391 colleagues) who can be approached for future People & OD insight work.

Expected Outputs

- A thematic summary of needs and expectations by generational cohort, presented in an accessible format (e.g. infographics or personas).
- A gap analysis comparing what colleagues value with what the Trust currently offers, identifying:
 - Offers that exist but need better promotion
 - Offers that require strengthening or adaptation
 - Potential gaps for consideration
- Recommendations for next steps to enhance our EVP and improve attraction, retention and people experience.

4.3.9 Statutory and Mandatory Training Update

Overall compliance for facilitated statutory and mandatory training remains strong and stable, with performance at 94.93% in January, continuing to sit well above the Trust target of 85%. This reflects sustained system resilience through the winter period and effective recovery following the seasonal dip seen earlier in the autumn.

January data shows significant strengthening in several key areas. Both Safeguarding Adults Level 3 and Safeguarding Children Level 3 continued to improve, reaching 89.84% and 90.57% respectively, providing strong assurance in a core regulatory area. Moving & Handling People Level 2 also recovered back to target at 85.33%, reflecting the impact of focused follow up and improved attendance.

A small number of courses remain below the Trust standard and require continued management attention. ILS Adult improved slightly to 81.80% but remains under target, with over 89 of our clinicians non-compliant in this core skill, while Mental Health Act training reduced further to 81.83%, indicating a need for renewed focus on capacity and access. BLS remains close to target at 82.75%, showing early recovery but still requiring monitoring, for the 300 staff outstanding at the end of January. CRT Disengagement Training remains the most challenged area, falling to 72.71%, reflecting ongoing capacity constraints despite earlier recovery efforts.

Corporate Induction remains consistently high at 98.32%, continuing to demonstrate a robust onboarding process, our improvements to the format and delivery of our corporate induction is currently being piloted and we hope to enhance the quality of our onboarding experience. DMI Refresh also remains securely above target at 89.34% with stable performance.

In summary, the Trust enters the final quarter of the year in a strong overall compliance position, with clear improvements across safeguarding, and targeted actions in place to address residual risks in adult life support, Mental Health Act training, and CRT. Overall performance continues to provide assurance of safe, well governed delivery of statutory and mandatory training across Humber.

Everyday Skills Hub: Making Learning Easier to Access Across Humber

The Learning and Development team has developed and launched the Everyday Skills Hub, a new resource designed to make it easier for colleagues across Humber to access practical learning and guidance that supports everyday work.

The hub brings together a range of existing resources in one place, covering topics such as communication, organisation, digital productivity, systems use and sustainable working practices.

It also introduces colleagues to emerging digital tools available across the Trust, including AI enabled resources and the Microsoft suite. The Everyday Skills Hub forms part of a wider programme of Learning Hubs being developed to help staff browse and discover learning more easily, complementing our ESR learning management system and supporting a culture of continuous development across Humber.

Explore the [Everyday Skills Hub](#)

We're using AI to build new learning - Transmission Based Precautions

We're demonstrating how AI can be used meaningfully to enhance patient safety education within the Trust through the development of a new interactive eLearning module focused on Transmission Based Precautions.

The module explores the risks of transmission, the behaviours that reduce harm, and how the consistent and effective application of Transmission Based Precautions keeps our staff and patients safe in practice.

Its development adopted a new digital approach to eLearning design, avoiding the use of costly actors and lengthy editing processes. Working in close collaboration with subject matter experts from the Nursing Directorate, Learning and Development used AI enabled tools such as hyper realistic avatars, interactive simulations, and visually engaging content to create an immersive learning experience that is clinically relevant, behaviour focused, and grounded in real scenarios.

This project also reflects our Being Humber behaviours in action, recognising and celebrating the expertise of colleagues across Nursing and Learning and Development, focusing on strengths, and demonstrating a collaborative approach that encouraged shared ideas and new ways of working.

The module is available in ESR for all Humber staff and will be supported through our training sharing platforms over the coming months. A sneak peek of the course is available via the link below.

[Transmission Based Precautions: Review version](#)

4.3.10 Leadership and Talent Development Update

- **Humber Talent Programme Update - 2025 Completion**

On 2 December 2025, a celebration lunch was held to mark the successful sign-out of all 10 delegates from the 2025 Humber Talent Programme. The following colleagues have now completed the programme: Felicity Kettley, Katie Maddren, Rebekah Coulthard, Donna Groke, Katie Prendergast, Rebecca McAra, Leigh Cox, Laura Minnikin, Faye Jessop, and Sarah Forster.

Programme outcomes and impact include:

- 3 internal promotions achieved since January 2025
- 9 delegates enrolled on external qualifications
- 1 delegate attended an external, role-specific conference
- 2 delegates enrolled on apprenticeships via the Apprenticeship Levy
- 8 Quality Improvement (QI) charters submitted
- 21 hours of cross-team shadowing completed, supporting skills development, role insight, and professional networking
- 1 executive mentoring relationship delivered consistently throughout the programme, with excellent feedback
- 6 internal mentoring partnerships established
- 3 external coaching partnerships formed
- 10 Lumina Portraits completed
- 10 individual Personal Development Plans (PDPs) developed, setting clear career objectives and post-programme actions
- 10 places secured on the PROUD Programme, commencing in 2026
- 3 external workshops delivered to support informal Continuing Professional Development (CPD)

Mentor service

As part of the PROUD programme of Organisational Development, we offer staff the opportunity to connect with an internal mentor if they wish. Throughout 2025, 17 colleagues have reached out and received 121 Mentoring support with a total of 51 hours of Mentoring being delivered.

Career Development

This last quarter has been marked by significant progress in strengthening partnerships with local education providers, expanding work experience opportunities, and promoting the wide range of careers available within the Trust. The Career Development Team has delivered a comprehensive programme of outreach, events, and internal development activities that support the Trust's long-term workforce pipeline and strategic priorities.

T Level Engagement and Work Experience

The team continued to play a central role in supporting T Level programmes across multiple colleges. Key activity included:

- **Year 2 T Level interviews**, providing students with structured preparation for industry placements.

- **Wyke College T Level Induction Week**, involving visits to introduce students to the Trust and its career pathways.
- **Formal work experience placements** delivered for:
 - Bishop Burton College
 - Wyke College

These placements offered students meaningful exposure to NHS environments and helped strengthen the Trust's reputation as a supportive and high-quality placement provider.

Careers Outreach and Education Engagement

The team continue to engage with a wide range of schools, colleges, and universities to promote healthcare careers and raise awareness of opportunities within the Trust. Highlights included:

- **STEM Event:** A two-day programme showcasing STEM-related roles and apprenticeships within the NHS.
- **Allied Health Professionals Day:** Supporting the celebration of AHP careers alongside the Professional Lead.
- **Careers fairs and expos** at Wyke College, Longcroft School, Scarborough UTC, York St John University, Bishop Burton College, Beverley Grammar School, and Boulevard Academy.
- **Lunch and Learn session** at Ron Dearing Sixth Form College, offering insights into healthcare professions.
- **LEP Pupil Referral Unit support days** (18 & 26 November), providing tailored careers guidance for young people requiring additional support.

These engagements helped broaden understanding of the diverse career routes available within the Trust and encouraged participation from underrepresented groups, including targeted work with disadvantaged students and male learners exploring traditionally female-dominated roles.

We've decided as a team to create a termly update that follows our progress mapped against the education year.

A key highlight this term was the Career Leads Event held on 9 December, which brought together careers leads from local schools and colleges. The event strengthened relationships, improved understanding of Trust career pathways, and received highly positive feedback. It will now be established as an annual event.

National Apprenticeship Week

National Apprenticeship Week (9–13 February) adopted a more personal, outreach-focused approach, resulting in strong engagement from staff, students, and managers. The week successfully raised awareness of apprenticeship pathways and strengthened relationships both within the Trust and with external partners.

Key activity included:

- **Staff drop-in sessions** at the Learning Centre, where colleagues explored apprenticeship routes, entry requirements, and development opportunities in an informal setting.
- **A student-focused drop-in at Wyke Sixth Form College**, generating high interest in NHS apprenticeship pathways and supporting long-term talent pipeline development.
- **A Trust-wide drop-in session**, enabling staff to meet professional leads and understand the wider support structure required for apprenticeships, including mentors and practice assessors.

Emerging opportunities:

- Managers expressed interest in future on-site engagement sessions, allowing teams to access informal career and apprenticeship advice directly within their work areas.

Overall impact: The refreshed approach created more meaningful interactions, improved visibility of apprenticeship opportunities, and strengthened networks across the Trust. Engagement was consistently positive, and the week contributed to ongoing workforce development efforts aligned with the NHS 10-Year Workforce Plan.

Psychological Professions Event

Psychologists are a vital part of our system, and in early March, the Trust was delighted to welcome 45 psychology students from Wyke 6th Form College for an inspiring careers event. Students took part in a range of interactive workshops led by Clinical and Trainee Psychologists, a Psychological Wellbeing Practitioner, a Cognitive Behavioural Therapist and a Principal Psychotherapist, giving them a real insight into different areas of the profession.

They also had the chance to hear from Consultant Forensic Psychologist Sarah Rockcliff, who introduced them to the Trust's Forensic Division and highlighted specialist career pathways many had never considered.

The Trust continues to work closely with local education providers, offering T Level placements, work experience and apprenticeships to help young people explore the wide variety of careers available across the NHS - far beyond traditional clinical roles.

As the first event of its kind, the day was a great success. Students were enthusiastic, engaged and particularly keen to speak with professionals across different specialisms, helping to pave the way for the future of psychology. One student said *'The routes I need to take to achieve my dreams in psychology are now clear and transparent. It also gave me motivation to continue working hard to get where I want to be.'*

4.3.11 Sexual Violence and Misconduct Update

The Worker Protection Act 2023 (in force from 26 Oct 2024) places a legal duty on employers to prevent harassment. In line with this, HTNFT signed NHS England's Sexual Safety in Healthcare Charter (Sept 2023), committing to zero tolerance of harmful sexual behaviours.

NHS England has since expanded national expectations (Aug and Dec 2025), setting out 83 required actions for all Trusts.

A comprehensive programme has been implemented to meet statutory and NHS requirements:

- Executive leadership: Karen Phillips appointed as Executive Lead for Sexual Safety.
- Operational leadership: Alison Meads and Rosie O'Connell designated as Trust Sexual Safety Leads.
- Governance: A Sexual Safety Group established, meeting bi-monthly and reporting to QPAS.
- Risk assessment: Sexual Safety Risk Assessments completed across all Trust sites.
- Policy: Sexual Misconduct Policy aligned with the national framework, launched Sept 2025, with streamlined reporting through a central 'Report It' route.
- Specialist support: HR Operations trained to triage and manage reports effectively.
- Resources & communications: Dedicated intranet pages and a Trust-wide launch campaign, including staff briefings and support materials.

Following the national expansion to 83 actions:

- 75 actions rated Green
- 8 actions rated Amber (dependent on national guidance or workforce/EDI data)
- 0 actions Red

All actions are monitored and progressing appropriately.

Regular updates will continue to EMT and relevant committees. The programme remains focused not only on compliance but on embedding a safe, respectful, zero-tolerance culture, ensuring all staff feel protected and supported.

4.3.12 Equality, Diversity and Inclusion

Adoption of the IHRA Definition of Antisemitism - The Trust has agreed to adopt the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism, following strong encouragement from NHS England and in line with national expectations to support an inclusive, respectful and safe environment for colleagues, patients and communities. This forms part of our wider equality, diversity and inclusion work and complements ongoing programmes such as Respect, No Excuse for Abuse and the Care, Culture and Equity Steering Group. The updated

definition will also be reflected in the refreshed national Equality, Diversity and Human Rights training once released.

EDI Insight report - The February issue of the EDI Insight report was provided to the People and OD Committee, a sub-group of the Board. This detailed, high-level review highlights the scope and impact of current EDI workstreams and activities. Included within the report are changes to Trust demographics, the impact of specific workstreams, and details of linked activities, such as Reigniting Respect and No Excuse for Abuse.

Staff Safety & Support: In response to international events in the Middle East, the Trust reaffirmed its commitment to staff safety and wellbeing, offering clear pathways for support.

Addressing Racism Towards Staff in Wards - Over the past year, Soyeb Aswat led four workshops focused on anti-racist practice, providing valuable feedback that will shape an actionable plan for progress. This work has fostered targeted, collaborative efforts in specific areas to address anti-racism challenges. The ultimate goal is to create a scalable and adaptable intervention framework that can drive meaningful, sustainable change across the organisation.

New Anti-discrimination resources being delivered: Our new 'Respect' and 'No Excuse for Abuse' posters have started to be delivered to Trust sites, with PICU, Waterloo and the Grange being the first recipients. Delivery was accompanied by face-to-face visits to speak to staff and gain an understanding of their experiences.

2026 EDI Reporting Cycle - Preparation is Underway for our suite of annual EDI reports, this will include reports for 2026 including the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), the Gender Pay Gap, the EDS22, and the EDI Annual Report, all reports will be subjected to a thorough governance process involving the EDI Steering Group, ODG, EMT, and the People and OD Committee before presentation at the Trust Board.

New Network Chair Introductions – The newly appointed Chair and Deputy Chair of the Anti-Racism Network (ARN) have held introductory meetings with their Executive Sponsor, and via the Trusts Global email to all staff. An all-staff webinar will follow to give staff the opportunity to meet the new chair and deputy chair and to hear directly their vision for the network in 2026.

Trans Action Plan – Alongside the wider NHS, The Trust continues to await national guidance from of the Equality and Human Rights Commission and NHS England in response to the UK Supreme Court judgment in For Women Scotland v The Scottish Ministers. This is set against a backdrop of repeated court challenges to the EHRC, and recent outcomes from tribunals. The Trust has met its obligations from its Trans Inclusion action plan and are advised by NHS England to await their guidance before making substantive changes. In the meantime, the Trust is committed to being an inclusive employer and provider for everyone.

Employment Rights Bill - The UK's Employment Rights Bill passed Parliament in December 2025, becoming the Employment Rights Act 2025, a major update to workers' rights bringing new protections like day-one paternity/parental leave, enhanced flexible working, bereavement leave, and curbs on 'fire and rehire,' with

changes phasing in from April 2026 through 2027, impacting casual work and requiring employers to update contracts and procedures.

Patient and Carer Race Equality Framework (PCREF) – A collaborative stakeholder meeting was held to review the PECREF self-assessment outcomes, with the Trusts first PCREF Report drafted which is currently undergoing due diligence with stakeholders.

Staff Network Activity

Our Staff Networks have been active in supporting the organisation to be more inclusive. The following provides a summary of the monthly network discussions and escalations from the meetings held between January and March 2026.

1. Rainbow Alliance Network

- We have been unable to recruit a new chair for the network, and the deputy continues to lead the network until we are able to recruit a new chair.
- Attendance continues to be low, and members are exploring alternatives to increase engagement.
- On a quarterly basis the networks' deputy chair continues to attend the regional Hull and East Riding LGBT+ forum on behalf of the Trust.
- Member are hosting a drop-in session for LGBTQ+ awareness and allow staff to ask questions they may have.

2. Disability Network

- A new chair and deputy chair have been appointed.
- The new chairs held their first meeting and are working with their Executive Sponsor on considerations for new meeting times and dates.
- A new intranet page narrative has been developed and discussed.
- The networks chair attended the Zero Discrimination Day Event and fed back to members
- Our application for Disability Confident Leader will go to the network for discussion.

3. Anti- Racism Network

- A new chair and deputy chair have been appointed and introduced to staff via the global.
- In February the network chair attended a Culture of Care Anti-racism Practice event in York, alongside the CofC Lead, EDI Lead, and Clinical Director.
- It was agreed that the network would support the development of the Workforce Race Equality Standard (WRES) report as a partner in exploring and delivering change.

4.4 Executive Medical Director Updates

4.4.1 Leadership Viability

The Executive Medical Director continues to prioritise regular visibility across the Trust, engaging with frontline teams to understand their experiences, strengths, and operational pressures. Recent time spent with colleagues at Miranda House, the CAMHS Crisis Team, Hull CMHT leadership and consultants, and the Westlands Unit has provided meaningful insight into effective practice, current challenges, and ongoing service transformation. Feedback from these visits is being used to inform leadership discussions and guide decision-making. In addition, the Executive Medical Director is undertaking clinical sessions and on-call duties within the team to further support service delivery and maintain direct clinical engagement.

4.4.2 Medical Education/Medical Staffing

1. QiP 'Trainer Development Forum' - The expansion of postgraduate doctor numbers has increased the demand on clinical and educational supervisors, many of whom now oversee multiple trainees. Medical Trainer numbers have overall to support the expansion. Our new Trainer Development Forum is designed to provide structured support, strengthen governance, and enhance supervisory capability. This model aims to improve training quality, patient safety, and supervisor support. The first session was in Nov 2025 and then next is planned for May 2026.
2. Worked on GMC NTS feedback and actions – informal meeting with NHS England 7/1/26 to review all GMC survey feedback.
3. National Education & Training Survey (NETS) results live in March 2026.
4. Medical Education Committee continues to provide governance and assurance of medical education. Next meeting date 18th March
5. Ongoing work on the 10-point plan (NHS England set out 10 ways to improve resident doctors working conditions:
 - National Exception Reporting Reform implemented
 - Pilot of new rota development and management software successful
6. Ongoing work with HYMS and supporting the medical students – Year 1 Psychological Medicine placement planning for 103 students throughout March 2026. This runs in parallel with final Year 3 placement 2025/26.
 - 7 student electives agreed for summer 2026 (highest number ever supported in the Trust)
7. SAS Development Forum/Programme being developed in collaboration with, and engagement from SAS Tutor.

4.4.3 Medical Business

1. Medical Appraisal - Work ongoing to establish reciprocal peer review process in collaboration with Cumbria Northumberland Tyne and Wear Mental Health Foundation Trust.
2. Medical job-planning – increase in compliance, currently 90%.
3. Medical Mandatory Training:
 - Medical Study Leave Protocol updated to incorporate a min. 85% compliance with mandatory training. This is working well.

- Individual compliance figures now provided to appraisers and appraisees prior to appraisal.

4.4.4 Research & Development – Update

In February 2026, the Parliamentary Under-Secretary of State for Health Innovation and Safety, Dr Zubir Ahmed MP, wrote to all NHS Trust Chief Executives reaffirming the Government's commitment to ensuring that research remains a core part of NHS care. The letter highlighted the importance of maintaining the UK's international reputation for high-quality research, increasing the speed and scale of research taking place in the NHS, and supporting the Prime Minister's ambition that all clinical trials are set up within 150 days from March 2026.

To achieve this, Trust executive teams have been asked to maintain strong oversight of local research performance, including:

1. Clear Board-level governance of research delivery
2. Sufficient resourcing to support research activity
3. Alignment with national approaches and processes

A national Research Activity Framework is expected to be published in March 2026. This will help Boards better understand their organisation's research activity and performance. Once published, we will bring back further information on our Trust's position and, if required, update the research indicators reported within the Integrated Quality and Performance Tracker.

The national 150-day target covers the full process of setting up a clinical trial, including regulatory approvals and local readiness to open the study. The areas most relevant to our Trust relate to:

- the time taken for local review and preparation, and
- the time from study approval to first participant being enrolled.

We have recently strengthened our internal tracking systems so that we can monitor each stage of this process more effectively. This will support earlier identification of delays and enable prompt action to ensure studies progress efficiently.

The Board can be assured that our Research & Development team continues to follow national policy and guidance, including use of Health Research Authority reviews, standardised national agreements, and the National Contract Value Review process for commercial research. These approaches minimise duplication and help reduce the time required to set up studies within the Trust.

4.4.5 Patient and Carer Experience

- The first Forum meetings of 2026 for Hull and East Riding, Whitby and District and Scarborough Ryedale are being replaced with a series of events and workshops. They will provide members of the public, partner organisations and staff the opportunity to meet teams from our organisation who provide services in

the local area and help us to discuss and shape the future of the Forums. Following the events, we will consider all feedback to shape future Forum agendas and set future dates.

- The next Humber Co-production Network forum is taking place on 12 March 2026, will take the form of a workshop where we are inviting local partners to share co-production toolkits, approaches and techniques that they use or idea they would like to develop.
- The Trust's Panel Volunteer Framework has been undergoing a review to ensure that staff are provided with the right tools to fully support patients, service users and carers when they volunteer to be involved in Trust recruitment activities. The review of the Framework has been fully coproduced with current Panel Volunteers and staff who have utilised the initiative. The Panel Volunteer Framework is awaiting approval from QPaS, which is expected in March 2026. Alongside the review of the Framework, work is underway to transfer the management of the Panel Volunteer initiative to the Voluntary Services Team.
- Further work on pulling together a Reasonable Adjustments policy continues, which will provide an overarching approach for staff to understand both what the Trust responsibilities are to comply with legislation such as the Equality Act, and how using the Reasonable Adjustments Digital Flag helps support appropriate person-centred care. This will highlight the breadth of adjustments that can be made with examples to demonstrate a range of scenarios. It will also signpost staff to more detailed guidance available.

4.4.6 Mental Health Legislation Update

Associate Hospital Managers (AHMs)

The Trust currently has 10 established AHMs. Three were appointed during the last year and are now confidently participating in panels.

Diversity profile:

- 11 AHMs identify as White British
- 2 identify as Black British (African)
- 7 females and 6 males
- Age range 28–80 years

A further AHM has been appointed but is awaiting the outcome of the IR35 assessment before committing to training, as they are unwilling to incur personal tax liabilities.

The Trust has conducted an employment status assessment using the HMRC *Check Employment Status for Tax* tool. The assessment indicates that fees payable under the honorary contract are taxable as employment income. We are awaiting confirmation from Finance/HR regarding whether AHM fees will be paid net of any required deductions.

Mental Health Act (MHA) Activity: A recent mock MHA visit was undertaken at Swale in February.

- Overall feedback was positive.
- Issues identified regarding Section 17 leave forms have now been addressed.

Additional mock visits to other units are scheduled.

Team Capacity and Workforce: The team continues to experience significant resource pressures, driven by increased workload and greater complexity in the issues requiring support. A proposal for a substantive Band 4 role has been completed and submitted for consideration by the Medical Director. In the interim, we have secured temporary Bank staffing to support general team functions and relieve immediate pressure.

An additional 0.2 WTE Band 3 resource is now in place to manage Section 117 information requests from both Local Authorities and the ICB.

Cheryl in the MHL Team has developed a new resource on SharePoint for all staff working within mental health and learning disability services, full of information and resources staff need for implementing the Mental Health Act within our Trust. It is a work in progress so will be updated on a regular basis, especially in the coming months with the introduction of The Mental Health Act 2025. This project will be recorded via the quality improvement charter to highlight the benefits, successes and learnings.

Project Management group is being established to ensure the Trust are prepared for the upcoming changes with the new MHA 2025.

Changes to conditional discharge – introduced 18 Feb 2025 - Government not updated patient information leaflet as yet -updated by Humber to ensure patients aware that condition can be implemented that amounts to a deprivation of liberty and to inform them of their rights in relation to this - shared with neighbouring Trusts.

The screenshot shows the NHS SharePoint interface for the 'CORP Mental Health Act Forum'. The main content area is titled 'Mental Health Act Forum' and includes a welcome message: 'Welcome! Consider this your home base to find the support and resources you need for implementing the Mental Health Act within Humber Teaching NHS Foundation Trust.' Below this is a grid of tiles for 'Inpatient', 'Community Patients', 'Consent to Treatment', and 'Documents Library'. To the right, there is a 'News & announcements' section with articles like 'A detailed look at the Mental Health Bill 2025' and 'The New Mental Health Bill 2025 explained'. At the bottom right, there is an 'Upcoming events' section listing 'Mental Health Legislation - Steering group' events.

4.4.7 Psychology – Key Updates and Achievements

General Updates / AD Updates

NHSE-Funded Assistant Psychologist Posts

The AD of Psychological Professions has secured NHSE funding for two fixed-term Assistant Psychologist posts. These roles are specifically aimed at supporting individuals from the global majority and those with protected characteristics or other disadvantages that may have limited access to experience required for progression in psychology. This initiative forms part of our 'widening access' work to enhance diversity and representation across psychological professions.

Over 100 applications have been received, and shortlisting is underway. We would like to thank Denise Greene and Pat Tasker from Recruitment for their invaluable support in setting up the longlisting process and ensuring it was practical and effective.

Staff Survey

Targeted engagement with trainee clinical psychologists by the AD has resulted in the largest participation increase of any group in the Trust. Their response rate rose by 23.32% compared to 2024, reaching 61.02% - close to the Trust-wide rate of 63.71%.

Virtual Bouquets

- The Humber Centre Psychology Team received appreciation from Ouse Ward for their ongoing support to staff and patients.
- Kennedy, Assistant Psychologist at Avondale, received positive feedback from senior leadership for introducing a new rapid formulation process on the ward.

Psychological Professions Careers Day

Colleagues contributed to the Wyke College Psychological Careers Day on 4 March, delivering talks across several professional areas:

- Clinical Psychology – Liam Smith and Emily Magowan
- Psychotherapy – Marie Acton
- Forensic Psychology – Sarah Rockliff
- Psychological Wellbeing Practitioners and CBT Therapists – Lauren Goldsborough and Lynne Swayer

We will work with the Learning and Careers Team to expand next year's event to involve a wider range of education providers.

Psychological Professions Newsletter

The second edition of the Psychological Professions Newsletter has recently been published and is attached for the Board's information.

Children and Young People

Inspire Day Service

The service has successfully recruited its psychology team and is preparing to begin work focused on reducing inappropriate or ineffective inpatient admissions.

Long-Term Health Conditions (LTHC) Team

The pathway continues to be affected by limited substantive staffing. Reliance on an interim Lead Psychologist is delaying transformational progress. Trainee Psychologist involvement has been positive for both the service and trainee development. Overtime opportunities and secondments have been in place for six months to support capacity.

Adult Mental Health

Colleague Story: *Kate Reynolds – MHWP & Trainee Counselling Psychologist*

Kate joined the Trust in April 2022 as part of the first cohort of Trainee Mental Health and Wellbeing Practitioners (MHWP). After completing the blended one-year training programme at Band 4, she progressed to a Band 5 MHWP post.

Kate is passionate about the role, saying:

“I love that I can make a real difference in people’s lives... positive change can come through truly listening and building a strong therapeutic alliance.”

Kate is also the MHWP Co-Chair for the Yorkshire and Northeast Psychological Professional Network, championing the profession and supporting the growing community.

In September 2025, she began a self-funded Doctorate in Counselling Psychology. This requires at least 450 hours of face-to-face therapy experience, alongside academic study. She continues her MHWP role alongside her training, travelling to London monthly for teaching:

“My training is deepening my ability to judge when a client may benefit from a different approach... and I’m bringing this learning back into the Trust.”

Kate reflects openly on the challenge of part-time doctoral study:

“I’m valuing the power of supervision and the support systems around me... I feel steady, supported, and proud to have taken this step.”

We are pleased to support Kate on her journey. By striving to deliver the highest quality care and continually developing her skills, she embodies what it means to be *Humbleivable*.

Forensic Services

Psychology colleagues again played a central role in organising and delivering *Thank You Week* within forensic services.

Minds Matter Monday

Formerly 'Mindful Monday', this day focused on wellbeing using the acronym *MIND* — Movement, Intellect, Nurture, Diet, Sleep. Resources were provided to support teams in generating wellbeing ideas, alongside items linked to each theme, such as cognitive puzzles and games, dark chocolate, a plant for the team to nurture and lavender-scented swatches

Thoughtful Thursday

Teams were encouraged to engage in individual and group reflection. A “pot of positivity” poster was provided, with prompts including gratitude within the team, what energises you about your job and times the team has demonstrated thoughtfulness

Teams completed the posters and used them as a basis for discussion.



Humber Psychlink -
Edition 2 Winter 2026.

4.5 Executive Director of Finance Updates

4.5.1 Leadership Visibility

Since the last board meeting the Director of Finance has held a full directorate staff briefing to update on key areas across the Trust, a joint visit with the Director of People and OD was undertaken to meet and talk with the perinatal mental health team at the Maples Beverley.

A series of site visit continue to be arranged with the senior Finance Directorate team to learn more about the work of the directorate and for any questions on our portfolio to be raised.

4.5.2 Cyber Security Updates

NHS Cyber Security Operations Centre (CSOC) release several alerts each month, these were referred to as CareCERT advisories but are now known as Cyber Alerts, the Trust must ensure that action is taken to deploy the remediation for each

Alerts fall into two types of notification

Cyber Alerts - The trust must ensure that action is taken to deploy the remediation for each Cyber Alert as soon as possible but within 10 working days.

High priority Cyber Alerts - any remediation patches must be deployed as soon as possible, and we must provide a response to CSOC within 48 hours to confirm that any remediation has been deployed.

The Trust are using software to track that status of its digital estate which provides the data included in this section of the report.

Activity updated since the last board report

- Cyber Alerts issued during 2026: 14 (Including 6 in February)
- High Priority Cyber Alerts Issued during 2026: 4 (Including 2 in February)

- February Cyber Alerts with patch(s) NOT approved for deployment: 0
- February Cyber Alerts with patch(s) fully deployed to all devices (or not applicable): 4
- February Cyber Alerts not 100% deployed (due to devices still to check in): 2

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during September or October 2025

4.5.3 Digital updates

1. Data Quality & Reporting Improvements

- Virtual Ward data quality has markedly improved following targeted staff training and additional administrative support.
- A standardised approach for recording Did Not Attend, Was not Brought and cancellations has been approved and initiated across Mental Health and Physical Health services, improving consistency of reporting.
- Safeguarding templates have gone live, strengthening documentation practice and compliance.
- The Lorenzo Data Repatriation process has been completed, with all datasets validated and ready for final programme sign-off.

2. Artificial Intelligence Governance & Delivery

- The Searchlight AI tool has been formally approved and is progressing through the remaining governance checks required for implementation.
- CoPilot Chat has been approved for non-clinical and non-sensitive work tasks, with development of Trust-wide SOPs underway.
- The Humber and North Yorkshire ICS AI Group has been formally established, chaired by the Trust's CCIO to support system-wide AI adoption and shared learning.

3. Digital Infrastructure & Cyber Security

- Renewal of network licences has been completed, ensuring continuity of network operations beyond June 2026 and extending support for wireless access points until 2030.
- Meraki network licences have been renewed, and replacement wireless access point hardware has been purchased, with installation now underway.
- All Trust servers are fully patched to the latest security level, strengthening cyber resilience.

4. Service Delivery & Operational Digital Improvements

- ServiceDesk Plus has been reconfigured with improved workflows, clearer SLA definitions and automated reporting mechanisms, enhancing visibility and accountability across divisions.
- Improved asset tracking has reduced the volume of missing or unused digital equipment, with formal quarterly reporting now embedded.
- Fifteen laptops were issued in February, ensuring staff have reliable and up-to-date devices.
- Audit of all KCOM landlines has been completed, allowing unnecessary lines to be decommissioned ahead of migration to the new Redcentric telephony provider.

5. Digital Projects Delivered or Progressed to Completion

- The Lexacom Voice Recognition early adopter programme has expanded, with additional clinicians onboarded and usage monitoring in place.
- The Accurx Patient Portal has transitioned into Business-as-Usual, with benefits realisation continuing.
- All recordings for the OT and Physio Postural Care animations have been completed, with animation work nearing completion.
- The Forefront Discover platform has been clinically reviewed and prepared for governance approval.
- Donorfy, the charity management system, is now embedded in Business-as-Usual with successful event use and a growing supporter database.

6. Mobile & Telecoms Efficiency

- Mobile data usage has reduced by 15% month-on-month, supporting a reduction in telecoms-related expenditure.
- Premium rate SMS costs have dropped to zero following targeted staff guidance and usage monitoring.
- A total of 185 inactive mobile connections have been identified for cost-saving action.

7. Governance, Oversight & Strategic Delivery

- The Digital Strategy has been incorporated into the Trust's medium-term planning and aligned with national productivity priorities and digital modernisation expectations.
- EPR optimisation continues to progress, including template standardisation, improvements in documentation practices and alignment of specialty naming conventions ahead of Wayfinder deployment.
- Engagement with TPP regarding Clozapine prescribing has been completed and the action closed.

8. Interweave

- Leeds Community Healthcare (LCH) successfully went live with structured SystemOne Non-GP data flowing into the YHCR. This includes appointments, encounters, medications, referrals and other core data items now available in near real time to improve clinical decision-making.
- South Yorkshire's transition to a single shared care record is progressing, with the Rotherham Health Record (RHR) being phased out and all users moving to the YHCR by summer 2026. This consolidates systems region-wide and reduces duplication.
- Sue Ryder hospices in West Yorkshire (Manorlands and Wheatfields) have gone live on the YHCR, marking a significant digital inclusion milestone for end-of-life and palliative care services.
- Wakefield Council has expanded its participation by onboarding two additional care homes (Dovecote Lodge and Flanshaw Lodge), strengthening social care integration.
- Leeds Teaching Hospitals NHS Trust has expanded its data sharing, now providing 8 of 10 Minimum Viable Data Set items, with remaining data feeds in progress.
- Usage of the Shared Care Record has reached its highest level to date, with a 25% increase in logins and 40% growth in patient record access between September and November 2025, demonstrating accelerating frontline adoption across Trusts and local authorities.
- The Leicester, Leicestershire and Rutland (LLR) Care Record reported substantial workforce engagement, with 678 county council staff trained and user numbers increasing by 50% across 2025, supported by an active benefits roadshow.
- Interweave has been shortlisted for the HSJ Digital Awards 2026 in the category Interoperability and Standards Through Digital, recognising the platform's contribution to connected care and digital maturity nationally.
- User-experience research is shaping ongoing platform improvements, including better display of prescription data, national patient flags and enhanced controls for SystemOne Non-GP data flows.

4.5.4 Facilities Management Updates

- Expressions for the potential transfer of NHS Property Services have been sent to the ICB, who will collate and recommend for support to NHSE by the end of March 2026.

Operational Estates

- Review undertaken of new fixed control measure (Ozone) to assist in water quality management undertaken by members of the Water Safety Management Group. This is with a view to being deployed into buildings with longstanding and persistent water quality issues, Maister Lodge has been identified as the initial site.
- Water Safety Plan refined from 5 books to 3, in conjunction with Authorizing Engineer and Infection Prevention and Control
- Community Diagnostic Centre (Ophthalmology) at East Riding Community Hospital now being successfully serviced by Humber
- Additional flood defences have been installed at the Humber Centre to reduce instances of flooding and damage in the affected areas – training being planned to cascade to staff for when and how to fit

Development and Sustainability

- Services have vacated Pocklington Beckside and consolidated onto Pocklington Health Centre.
- Submission to the NHS Excellence Awards for Sustainability Team
- Security improvement works at Coltman St complete
- NHSE – Utilities Recovery programme – Trust data submission has been received, reviewed and accepted, detailed testing to identify potential recoveries and insights underway.
- Works to Inspire Walker St Centre have commenced (works will increase patient facing spaces, and support increased clinical and non-clinical utilisation)

Safety

- HTM 05-01: Managing Healthcare Fire Safety, updated version published in February 2026. Review undertaken, with a briefing being drafted to the Health and Safety Group on 18 March, this will inform any adjustments required to the Trust's existing procedures and controls.

Hotel Services

- Staff consultation concluding as part of introduction of supervisory cover for weekends, to support weekend working staff and provide resilience

Property

- Independent valuation procured for Malton Hospital, which will be used as part of the negotiations with York LLP to migrate current arrangements to formal leases.
- Space utilisation studies are being refreshed to inform planned estate changes, in line with the Estate Strategy; with a focus on efficiencies.

4.5.5 Planning Update

- The Trust submitted its plan on 12th February 2026 following approval by Board, the plan submitted was financially compliant at breakeven and met the majority of performance trajectories, which was reflective of the commissioned level of activity from the Trust. Work is ongoing across the Humber and North Yorkshire Integrated Care System on the assurance of plans by NHSE England, once plans have been formally accepted they will be presented to the next available meeting of the governors.

6. Communications Update

See Appendix 1

7. Health Stars Update

See Appendix 2

Media Coverage – YTD



142 positive stories published in local/national media



5 Negative stories published

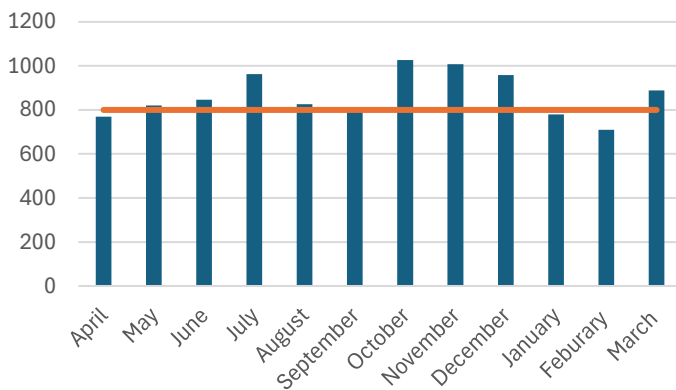
Monthly target of 5 positive stories:
1 negative story

Q4

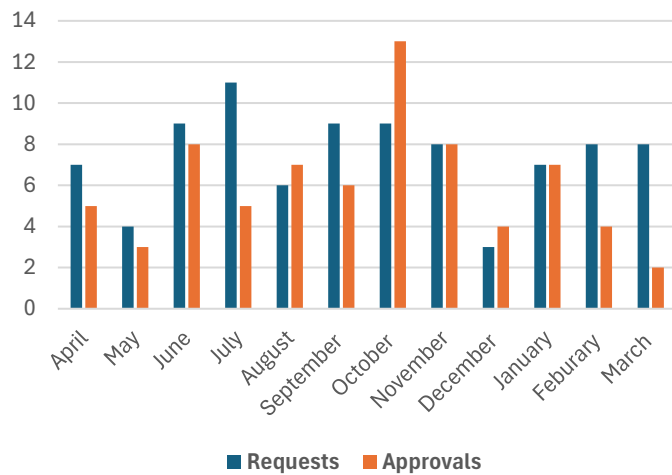
Funnel Stages	Number of Items
Published with key messages	19
Published with high reach	12
Published	39
Picked up by journalists	19
Press releases issued	12

Brand Management

Brand Portal Visits



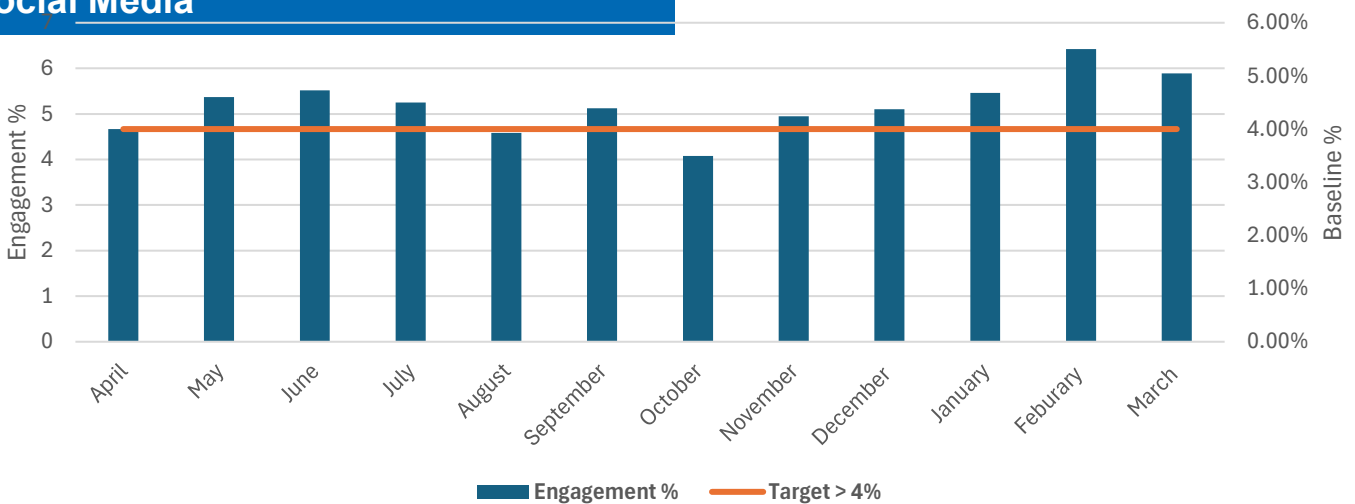
Brand Requests vs Approvals



The requests v approvals graph shows steady demand for brand support across the year, with predictable seasonal dips and a clear peak in July. Approvals generally keep pace with requests, indicating the process is working well. The pattern suggests teams are engaging with brand governance, but there is further opportunity for them to use the self-serve tools and templates available, coming to the Communications Team primarily for final approvals rather than full support.

Social Media

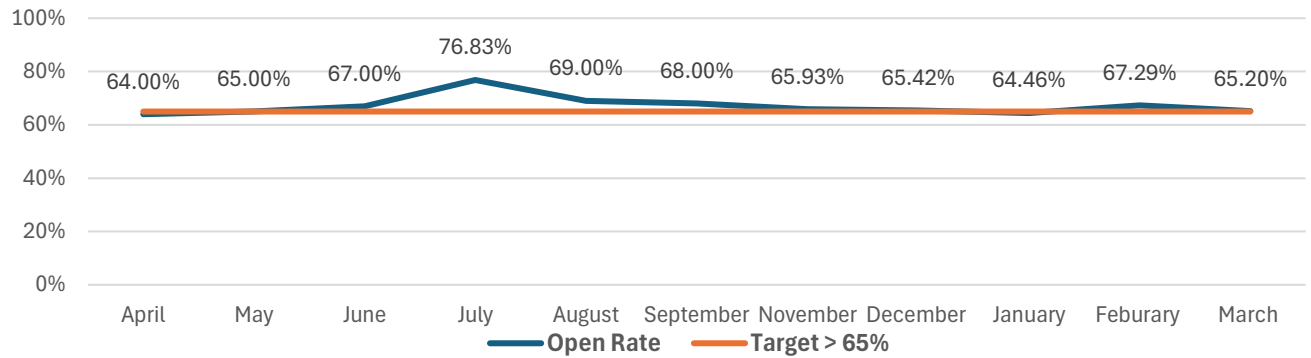
Social Media Engagement Rate



Social media engagement rate shows how actively people are interacting with our posts. It helps us understand whether our content is connecting with our audience.

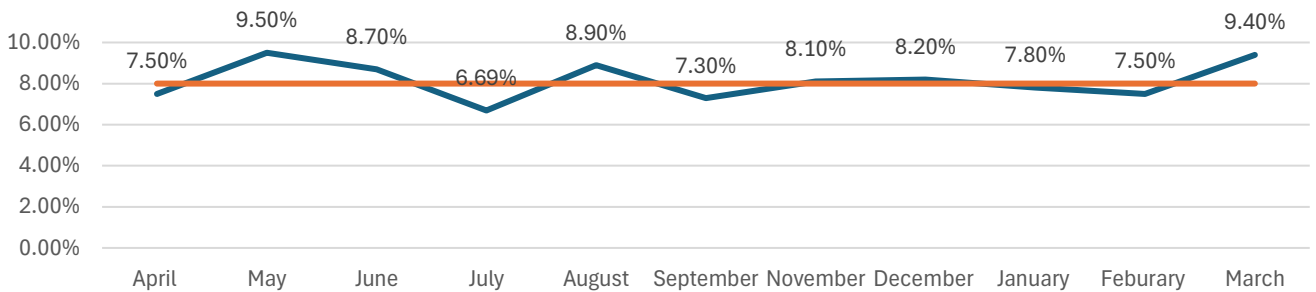
Internal Communications

Global Open Rate

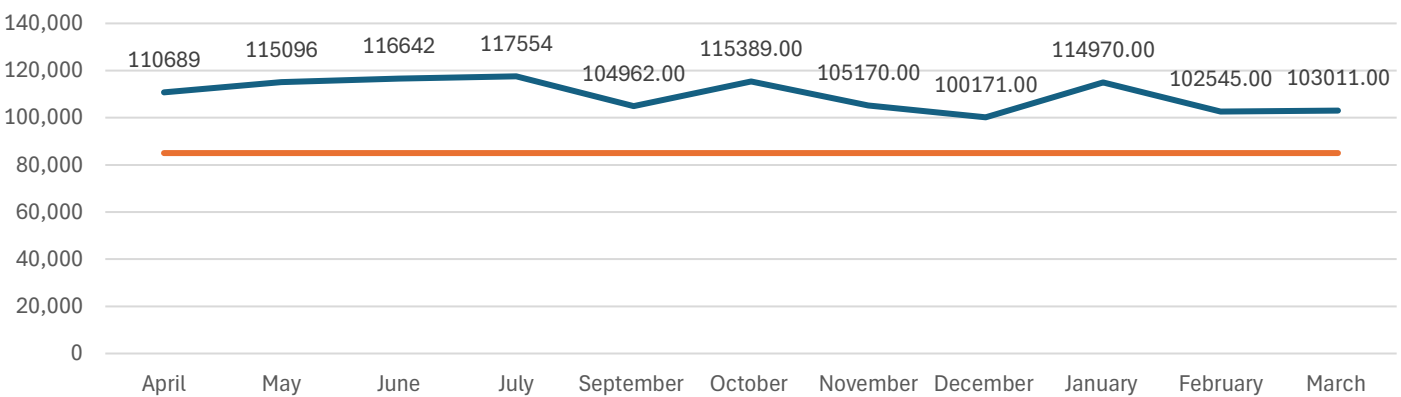


Global staff newsletter performance shows how many colleagues are opening and engaging with our regular updates. The click-through rate (CTR) shows how many go on to interact further by clicking on links, stories, or calls to action. Slight drop expected in February due to half term.

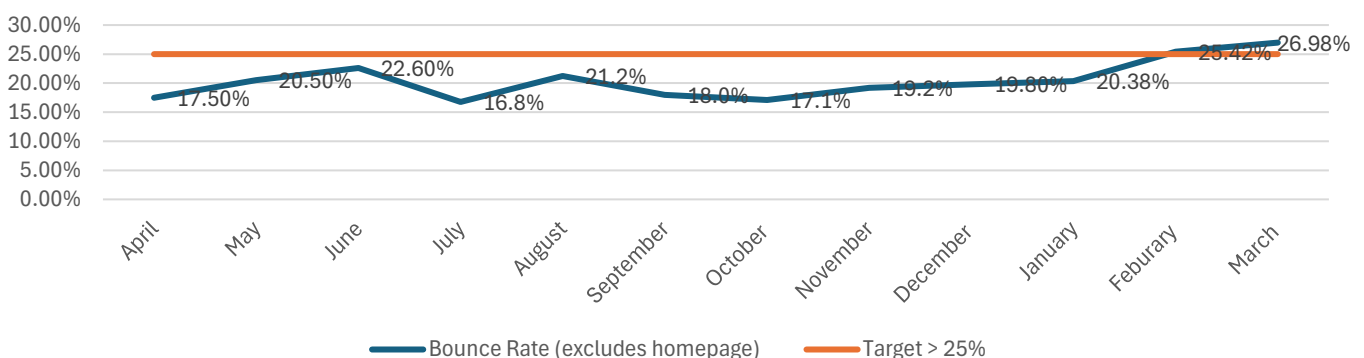
Global Click Through



Intranet Sessions

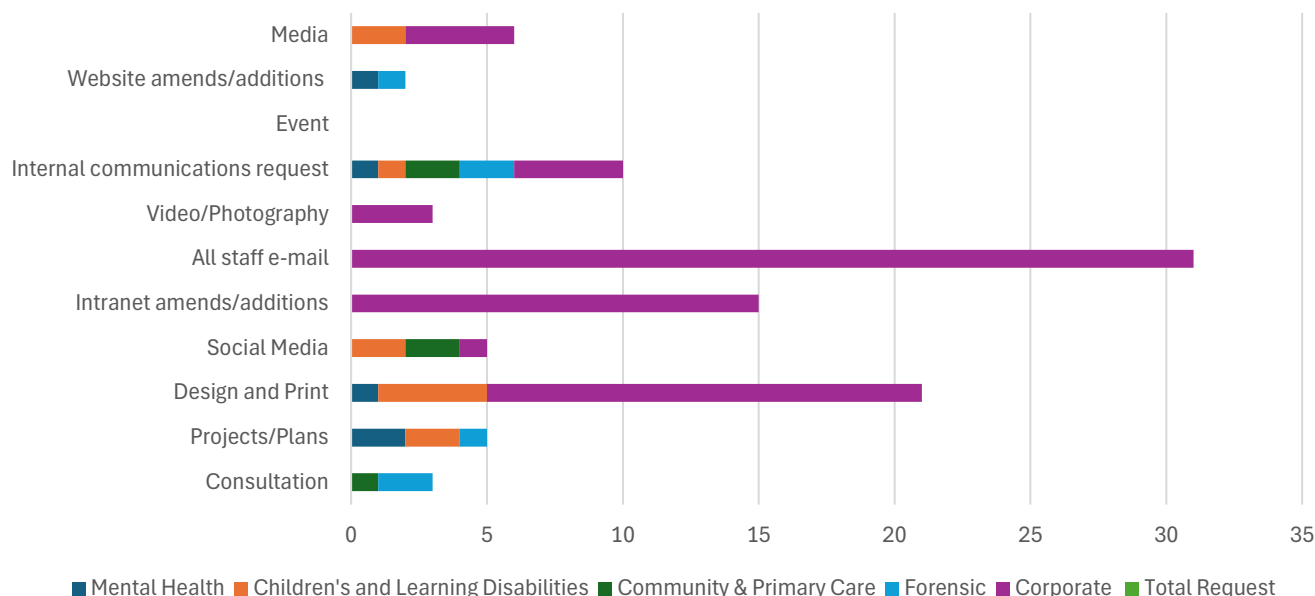


Intranet Bounce Rate (Excluding homepage)



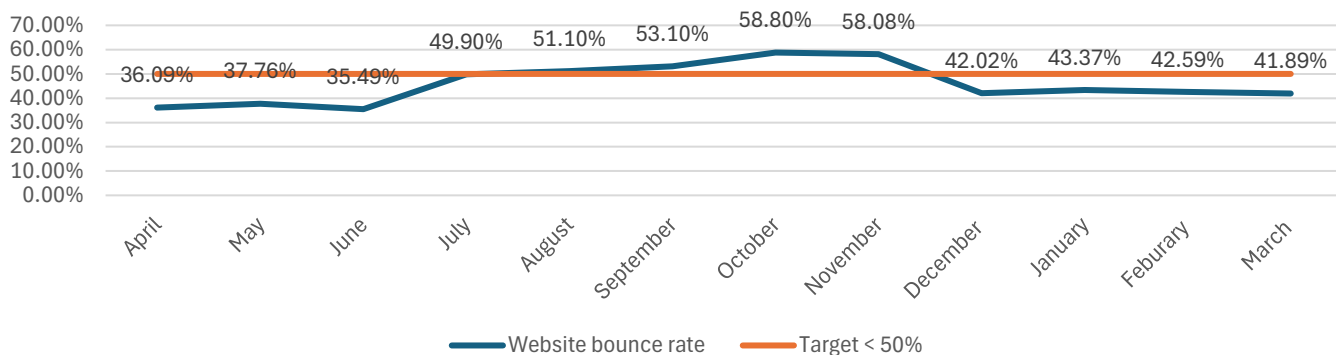
Communications Service

Support By Area



Website

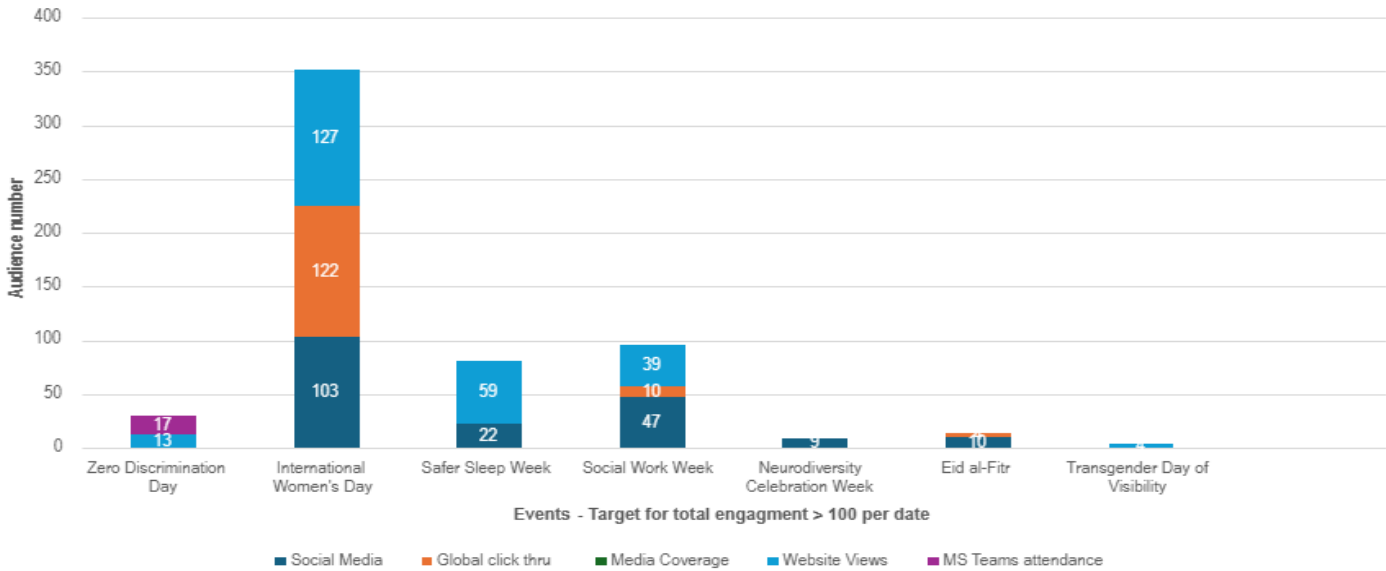
Homepage Bounce Rate



Bounce rate has reduced following the introduction of the new search function, enabling users to find precise information more quickly. As users increasingly reach the content they need via the shortest possible route, some fluctuation in overall page views is expected.

Events

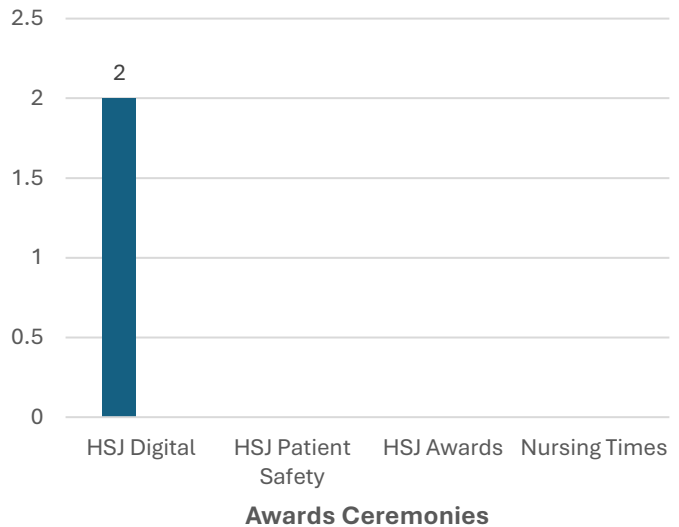
Awareness Days Engagement



February and March saw a marked uplift in awareness-day performance, with multiple red-rated dates significantly exceeding engagement targets — including 689 engagements for Mental Health Nurses Day, 233 for Time to Talk Day, 206 for Children’s Mental Health Week, and 352 for International Women’s Day in March. Non-red dates also performed strongly, with Social Work Week and Safer Sleep Week both surpassing their 50-engagement target. This sustained improvement reflects the impact of weekly content-planning meetings and the refreshed, proactive approach to contacting awareness-day leads, resulting in better-planned, multi-channel content that aligns with staff interests and Trust priorities.

Awards nominations and wins

The awards season has now begun. The new NHS Excellence Awards closed for nominations in March – we supported 19 nominations. We are supporting teams who are entering the HSJ Patient Safety Awards, HSJ Awards and The Nursing Times Awards.



■ Shortlist ■ Wins

Finance & Fundraising Report

Including update on Wishes and Dreams

March 2026

Reporting on January & February 2026

Anita Green – Charity Manager

John Busby – Senior Finance Officer

Health Stars

Better Healthcare, Brighter Futures



Highlights Dashboard: January / February 2026

1. Delivering Outstanding Care



2. Enhance Healthcare experiences and outcomes



127 wishes received
72% wishes approved
Target = 75%



5 Active Dreams

3. Improve staff health, wellbeing and development

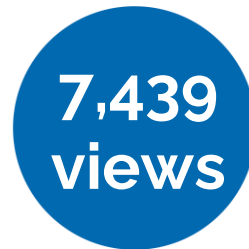


Wishes for staff wellbeing including Team days, buffets, commemorative bench



9/33
Charity Champions

4. Improve health and wellbeing of communities



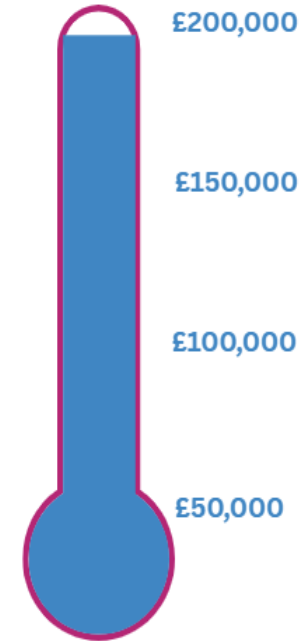
Views on Facebook



Top social story:

Hull 10K

1,250 views



£181,951
Total raised YTD

KPI update

Trust Strategic Goals: Enhancing prevention, wellbeing and recovery

Charity Goal: Support the delivery of outstanding patient care

GOAL / KPI	Measure of success	Success to date
Be in the upper quartile of Community/Mental Health Trust charities by year 3. 2025/26 Target = £200,000	TOTAL: £200,000 Grants: £50,000 Events/Community: £30,000 Individual: £15,000 Corporate: £5000 Other: £100,000	TOTAL: £181,951 Grants: £25,665 Events/Community: £35,367 Individual: £14,773 Corporate: £5,974 Other: £93,329
Be the charity of choice for people taking part in events or organising their own fundraising	20 people signed up to Health Stars events 10 people/groups organising their own fundraising	24 2026 events = 93 6 2026 = 2
Promote fundraising to all staff, visitors and, where appropriate, patients	Fundraising posters/resources visible on every unit/service	Working with admin teams to include info in discharge notes. Messages on digital screens
Share good news across all platforms	25 stories on Health Stars website 4 stories shared to external media	20 stories uploaded 10 – launch of Better Days, Golf Day, Seeds of Support Wall, Skydive, Eyeweb event
Increase visits to website	Maintain visits above benchmark figure - Total – 500 per calendar month - 'Access Funding' page – 60 visits per calendar month	Website: Jan = 2,300 / Feb = 1,600 Access Funding page: Jan = 65 / Feb = 60

KPI update

Trust Strategic Goals: Innovating for quality and patient safety / Optimising an efficient and sustainable organisation

Charity Goal: Enhance healthcare experiences and outcomes

GOAL / KPI	Measure of success	Success to date
Increase the percentage of wishes that are approved	75% of wishes approved	72% approval rate
Launch and complete 4 Dreams	4 Dreams completed	5 Dreams 'Active' Confirmed the process.
Focus on staff submitting wishes that address Health Inequalities	10 wishes addressing Health Inequalities	P&S to assess every 3 months and identify which wishes address Health Inequalities

KPI update

Trust Strategic Goals: Developing an effective and empowered workforce

Charity Goal: Improve staff health, wellbeing and development

GOAL / KPI	Measure of success	Success to date
Recruit Charity Champions within each service to increase knowledge and understanding of the charity	50% of services have a charity champion (33)	9
Increase understanding amongst staff of need for fundraising	Health Stars team to speak at 20 meetings / events	20
Increase wishes specifically for wellbeing of staff	Approve 10 wishes specifically to improve staff wellbeing	33

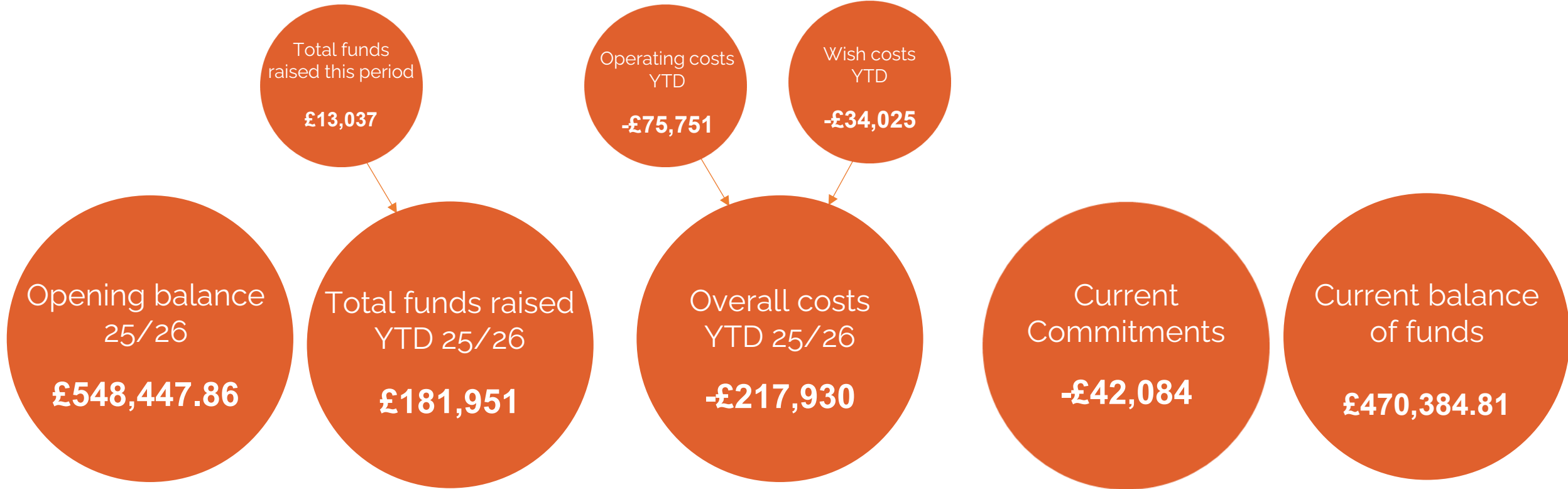
KPI update

Trust Strategic Goals: Fostering integration, partnerships and alliances / Promoting people, communities and social values

Charity Goal: Improve the health and wellbeing of our communities

GOAL / KPI	Measure of success	Success to date
Increase social media presence across all platforms	Increase Facebook followers by 15% to 1000 Launch a LinkedIn page – 200 followers	984 followers LinkedIn – 64 followers
Develop corporate relationships	Work with 5 corporate partners	3 + 5 sponsors for CEO Challenge 7 for Staff Awards Union Pub – Malton 2026 = 10 teams already confirmed for Golf Day Humber Biz Week event
Launch and maintain Small Community Grants Scheme	Allocate 35 small grants	Half way through project, £94,000 awarded
Launch external supporter newsletters Establish CRM to manage donor relationships	Launch an external supporter newsletter with 100 people on mailing list.	CRM currently being populated MailChimp subscription approved
Microhive: Concentrate on promoting to new starters through induction, day one pack, introduction email.	Target = 10% increase from 382 members to 420 members.	Info included in new indication emails 2025 = -6.6% from 2024
Lottery: Link campaign to specific fund for 3 months to concentrate promotional activities.	Target to be set after trial with Better Days Appeal in Autumn 2025.	2025 = +100.1% from 2024

Financial position as at: 28th February 2026



Balance Sheet Reconciliation

The following table provides a reconciliation of fund balances to resources

As per trial balance at 28/02/2026	£
Bank account balance NHS Foundation Trust	10,000
Bank account balance NHS FT Fund Deposit	184,986.05
Charities Investment Fund (CIOF)	355,000
Investment – H Butler Shares	9,556
Total resources held	559,542.05
Accrual	(300.00)
Debtors	0.00
Gifts In Kind (Inventory)	12,844
Prepayments	5,926.25
Other liabilities - Humber Teaching NHS FT (Wish recharges)	(65,543.80)
Current commitments	(42,083.69)
Net funds at DATE	470,384.81

Update re: outstanding invoices

Outstanding
invoices January
2024 - January
2025 to the
Trust have been
paid

- £204,605

Already
accounted for
in figures

Fund Zone Balances

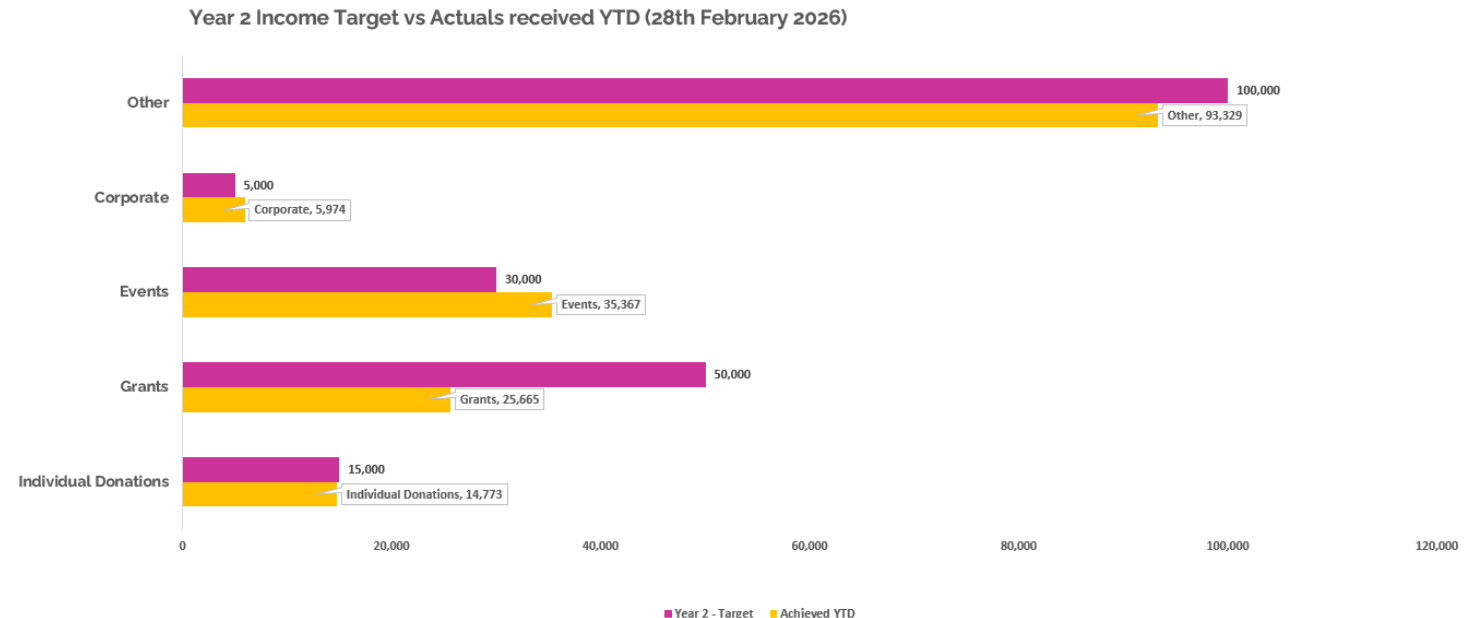
Figures based on balances as at 28-02-2026

Fund Zone	Sub Funds	Current Commitments	Balance 05/06/2025	Balance Jun 2025	Balance Jul 2025	Balance Aug 2025	Balance Sept 2025	Balance Oct 2025	Balance Nov 2025	Balance Dec 2025	Balance Jan 2026	Balance Feb 2026	Remaining	Percentage Split	Operating Costs YTD	Less Operating Costs YTD	
Community & Primary Care	Community & Primary Care - General	12,232.97	86,128.16	86,128.16	85,732.16	85,497.16	85,497.16	85,497.16	85,497.16	90,447.92	90,447.92	90,669.95	78,436.98	16.44%	(6,297.14)	72,139.84	
	Malton	493.80	2,250.93	2,250.93	2,902.09	3,573.78	3,831.38	3,855.45	3,855.45	3,855.45	3,855.45	4,113.75	3,619.95	0.76%	(290.62)	3,329.33	
	Whitby	255.94	29,921.96	29,921.96	29,921.96	30,051.96	30,051.96	30,051.96	30,051.96	30,051.96	30,051.96	30,051.96	29,796.02	6.24%	(2,392.11)	27,403.91	
	Bridlington	5,124.43	24,576.11	24,576.11	24,576.11	24,576.11	24,576.11	24,576.11	24,576.11	24,476.97	24,476.97	24,476.97	19,352.54	4.06%	(1,553.68)	17,798.86	
	Betty Whalting Legacy (Alfred Bean)	0.00	39,513.00	39,513.00	39,513.00	39,513.00	39,513.00	39,513.00	39,513.00	39,513.00	39,513.00	39,513.00	39,513.00	0.00%		39,513.00	
	Better Days	0.00	2,344.91	2,344.91	9,438.82	9,438.82	11,016.06	13,761.64	14,537.54	14,566.04	14,570.31	17,232.37	17,232.37	3.61%	(1,383.46)	15,848.91	
	Scarborough District Nursing Team				350.00	350.00	350.00	350.00	350.00	350.00	155.05	155.05	155.05	0.03%	(12.45)	142.60	
Children, Young People & Families	Children, Young People & Families - General	1,677.65	336.69	336.69	2,565.01	3,431.39	3,902.51	601.69	3,696.69	3,696.69	3,696.69	3,799.69	2,122.04	0.44%	(170.36)	1,951.68	
	Inspire	2,527.56	30,099.60	30,099.60	30,099.60	30,099.60	31,190.53	34,567.94	18,567.94	18,567.94	18,567.94	19,189.66	16,662.10	3.49%	(1,337.68)	15,324.42	
	Learning Disabilities	306.61	368.42	523.18	523.18	523.18	549.02	549.02	549.02	389.02	389.02	389.02	82.41	0.02%	(6.62)	75.79	
	LD Community Hub				20,000.00	20,000.00	20,002.37	20,002.37	20,002.37	20,002.37	20,002.37	20,002.37	20,002.37	4.19%	(1,605.85)	18,396.52	
	Granville Court											0.00	0.00	0.00%	0.00	0.00	
Mental Health & Wellbeing	Mental Health & Wellbeing - General	2,337.56	6,619.79	6,665.77	6,665.77	6,665.77	6,665.77	6,665.77	6,485.77	5,072.31	5,072.31	5,815.21	3,477.65	0.73%	(279.20)	3,198.45	
	Westlands	288.49	246.63	493.57	493.57	493.57	493.57	493.57	493.57	493.57	493.57	493.57	205.08	0.04%	(16.46)	188.62	
	Maister Lodge	2,360.64	758.57	1,609.56	1,677.88	1,734.02	1,734.02	1,783.32	1,783.32	1,783.32	1,783.32	1,943.32	(417.32)	-0.09%	33.50	(383.82)	
	Newbridges	0.00	58.97	58.97	58.97	58.97	58.97	58.97	58.97	0.00	0.00	0.00	0.00	0.00%	0.00	0.00	
	Millview Court	0.00	278.30	278.30	278.30	278.30	278.30	278.30	278.30	278.30	278.30	378.30	378.30	0.08%	(30.37)	347.93	
	Millview Lodge	357.45	104.76	491.81	506.07	617.71	698.53	714.31	714.31	714.31	714.31	714.31	356.86	0.07%	(28.65)	328.21	
	Avondale	750.00	1,551.60	1,551.60	1,551.60	1,551.60	1,551.60	1,551.60	1,251.61	1,105.07	1,105.07	1,105.07	355.07	0.07%	(28.51)	326.56	
	Forensics	1,243.92	13.35	13.35	13.35	13.35	13.35	13.35	3,013.35	3,013.35	3,013.35	3,290.72	2,046.80	0.43%	(164.32)	1,882.48	
Healthstars Central Fund	Healthstars Central Fund - General	11,443.39	98,175.57	100,079.03	173,620.89	174,799.02	177,176.46	175,944.47	174,967.78	176,487.37	176,205.07	182,567.83	171,124.44	35.86%	(13,738.35)	157,386.09	
	Volunteers	753.28	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,689.77	4,517.44	4,517.44	4,517.44	3,764.16	0.79%	(302.20)	3,461.96	
	Recovery College	0.00	347.69	347.69	347.69	347.69	347.69	347.69	347.69	347.69	347.69	347.69	347.69	0.07%	(27.91)	319.78	
	DBT	0.00	79.34	79.34	79.34	79.34	79.34	79.34	79.34	24.40	24.40	24.40	24.40	0.01%	(1.96)	22.44	
	Grimsby Fishermen's Grant	0.00	15,000.00	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00	
	Humber Youth Action Group Walk				9.51	492.26	532.10	532.10	651.08	651.08	651.08	651.08	651.08	651.08	0.14%	(52.27)	598.81
	Small Community Grants Fund	0.00	200,000.00	200,000.00	200,000.00	200,000.00	200,000.00	197,770.00	190,791.00	163,204.74	145,913.74	107,383.74	107,383.74	22.50%	(8,621.07)	98,762.67	
Central Charges	Central Charges		4,818.70	(11,195.63)	(16,894.56)	(20,662.86)	(25,129.21)	(27,809.19)	(31,952.44)	(38,307.72)	(41,725.35)	(46,357.97)	(38,307.72)				
Total:		42,153.69	548,282.82	535,857.67	618,720.08	618,213.51	619,670.36	616,439.71	594,850.66	565,107.64	544,120.98	512,468.50	478,365.06	100.00%	(38,307.72)	478,365.06	

In Year Financial Performance: Year 2 income target £200,000

Grants: £50,000 Actual: £25,665	Events/Comm: £30,000 Actual: £35,367	Ind. donations: £15,000 Actual: £14,773	Corporate: £5,000 Actual: £5,974	Other: £100,000 £93,329
NHS Charities Together Grants, Trusts and Foundations	Health Stars own events or hosted by third parties Seasonal campaigns and appeals	Individual fundraising Major gifts Planned giving (in memory, celebration) General donations	Charity of the Year Fundraising within businesses (not connected to an event)	Investment income Legacies / gifts in wills

As at the end of February 2026 actual year to date income of £181,951 had been received. The following graph shows the year to date performance against the annual target for the five fundraising pillars.



Fundraising: Grants

Grants Target: £50,000

NHS Charities Together

Grants, Trusts and Foundations

Total raised to date: £25,950

£30,000 funds expected by

31/03/2026

Target exceeded by £5950

**Application
Success Rate =
50%** which fairs well against charity sector averages for grant applications

Project	Funding Source	Funding secured
Malton Better Days (Dream)	Norton Town Council	£1,000
Malton Better Days (Dream)	Malton Town Council Grants	£500
Malton Better Days (Dream)	Jack Brunton Charitable Trust	£1,750
Malton Better Days (Dream)	The Earl Fitzwilliam Charitable Trust	£2,000
LD Community Hub	National Lottery - Awards for All	£20,000
Malton Better Days (Dream)	Malton Lions	£600
Malton Better Days (Dream)	Rydale Lions	£100
Farmers Wellbeing	York & North Yorkshire Combined Authority	£30,000 (funds expected by 31.3.26)
		Total £55,950

Income supporting other Trust projects:
£50,000

Income supporting Health Stars projects:
£5,950

Fundraising: Grants

Successful	Not successful	Awaiting Outcome	Not proceeding	New
10	10	3	14	6

3 Grant applications awaiting outcome:

AWAITING OUTCOME							Closing Date	Date Submitted	Expected Outcome Date (estimated)	Funds Expected Date (estimated)	
Therapies Sensory Nest (Dream)	Screwfix Foundation	Screwfix Foundation	£4,100	TBC	Y	Awaiting Outcome	Bid submitted 10/12/25 for £4,100. Trustees next meet in March. Outcome to be announced 30th March 2026	12/12/2025	10/12/2025	30/03/2026	April–May 2026
Advanced Lived Experience Practitioners Bid	Peer Support Workers (CYP)	Kristina Martin Foundation Charitable Trust	£100,000	TBC	Y	Awaiting Outcome	2 x 1.0wte PSW for Core CAMHS. Bid submitted 11/12/25. Email sent to KMCT to enquire as to the announcement date. Response - Trustees meeting mid February, hopefully receive outcome shortly after.	30/03/2026	11/12/2025	28/02/2026	Late Feb–March 2026
Rivendell Transformation (Dream)	Small Grants / Large Grants - The Big Giveaway	Jane Tomlinson Fund	£9,083.86	TBC	N	Awaiting Outcome	Bid for furniture to improve the reception area at Rivendell. Deadline 5th February for JTF. Bid submitted 26th January via email to info@janetomlinsonappeal.com	05/02/2026	26/01/2026	15/03/2026	Late March–April 2026

Cash Flow Projections

Cash Flow		
Project	Expected Receipt of Funds if successful (estimated)	Amount (estimated)
Advanced Practitioners Lived Experience	Late Feb–March 2026	£100,000
Rivendell Transformation	Late March–April 2026	£9,000
Farmer MH Wellbeing (Successful)	Late Feb–March 2026	£30,000
Therapy Sensory Nest	April–May 2026	£4,100

Expect to **start the next financial year strong** with some of the above income in April/May.

We suspect that one of our biggest **challenges** for grant funding is that many funders worry that NHS charities duplicate statutory provision. We have developed a ‘stock explainer’ for use in bids moving forwards, to clearly communicate the relationship between Health Stars and the Trust, when applying for grant funding which explains:

- Who Health Stars is (an independent charity, not part of the NHS body)
- What Health Stars does (funds added-value projects beyond statutory NHS provision)
- How the partnership works (Health Stars manages funding and the Trust delivers the clinical elements)
- Why both organisations appear in an application
- Who holds responsibility for funding, delivery, reporting, and governance

Fundraising: Grants in consideration/progress

Projections from planned applications: £40,000+

Project	Fund	Update	Potential grant income
Malton Better Days (Dream)	Sport England – The Movement Fund	Application draft prepared by P&S, awaiting clinician review and input prior to submission.	£10,212
Rivendell Transformation (Dream)	Hospital Saturday Fund	Currently being considered	Up to £10,000
Crisis Home Starter Kits	B&Q Foundation	P&S, Healthstars and the Homeless MH Team preparing application for 20 kits to distribute	£10,000
Rough Sleepers Project	Ministry of Housing – Ending Homelessness in Communities	Currently being considered	Eligible organisations can apply for up to three years of revenue funding (£50,000–£200,000 per year) and one year of capital funding (£50,000–£200,000 in either Year 1 or Year 2), and because these limits are separate, they may request up to £200,000 in revenue plus up to £200,000 in capital within the same year.
Eye Gaze Machine - Granville Court (Dream)	New – to be confirmed	Searches are active for suitable funds	£10,968

Fundraising: Events and Community

Events: £30,000

Health Stars own events or hosted by third parties

Seasonal campaigns and appeals

Total raised to date: £35,367

Money received through Just Giving YTD: **£20,087**

2026 event calendar launched and popular

98 participants registered for events already this year

Over £4000 raised on Just Giving pages for 2026 events so far

Fundraising: Events and Community

Events: £30,000

Health Stars own events or hosted by third parties

Seasonal campaigns and appeals

Total raised to date: £35,367

Fundraising plan

Amount to target: £0

2026 events calendar

Fundraising: Individuals

Individual donations: £15,000

Individual fundraising

Major gifts

Planned giving (in memory, celebration)

General donations

Total to date: £14,773



**Table Tennis
Tournament:
£541**



**Forensic
Sponsored
Walk
? £300 ?**

Fundraising: Individuals

Individual donations: £15,000

Individual fundraising

Major gifts

Planned giving (in memory, celebration)

General donations

Total to date: £14,773

Includes people/teams who choose to do their own fundraising, not an event organised by Health Stars

Fundraising plan

Amount to target: £227

- Humber Centre Sponsored Walk and Table Tennis Tournament totals more than this
- Priority to start promoting the charity, our events and other fundraising opportunities to visitors, families, friends and, where appropriate, patients.
- We know people want to say 'Thank you' so we need to give them the opportunity
- Work started to have info in the discharge packs.
- Working with Charity Champions to get info into their services.

Fundraising: Individuals



- Included in induction packs
- Unable to know exactly how many people have subscribed
- Donations in 2025 decreased by 6.6%

	Total donated	Average / month	Average donors
2023	£2672.25	£242.93	486
2024	£2057.16	£228.57	457
2025	£2495.88	£226.9	453



- Included in induction packs and digital screens
- Donations in 2025 increased by 100.1% from 2023

	Total raised
2023	£2467.95
2024	£3001.09
2025	£4939.67

Fundraising: Corporate

Corporate: £5,000

Charity of the Year

Fundraising within businesses (not connected to an event)

Total to date: £5,974



3 sponsors
for Staff
Awards



10 teams
signed up
to Golf Day

Fundraising: Corporate

Corporate: £5,000

Charity of the Year

Fundraising within businesses (not connected to an event)

Total to date: £5,974

Fundraising plan

Amount to target: £0

- Breakfast wellbeing meeting with Humber Biz Week
 - 2nd June
 - Wellbeing Exchange

Fundraising: Other

Other: £100,000

Investment income

Legacies / gifts in wills

Total to date: £93,329

Fundraising plan

Amount to target: £6,671

- The charity info within the services will help to spread the message about who we are, which could eventually lead to a legacy, focus on Driffield
- Continue to be active and show the difference we are making.



**127 wishes
received**

Month	Wishes submitted
April 2025	10
May 2025	9
June	11
July	10
August	10
September	15

Month	Wishes submitted
October	16
November	15
December	8
January 2026	14
February	9
March	

92
complete

8
declined

21
in process

3
closed

72%
KPI = 75%



JANUARY 2026

Children and Learning Disabilities	Keyworker Service	Team day	£440.00	Complete	
Children's and Learning Disability	Walker Street Centre	Chairs & stools	£2,527.56	Complete	
Children's and Learning Disability	Granville Court	TV	£449.00	Complete	
Community and Primary Care	Scarborough Community Services	30 x Crampons	£453.00	Declined	Declined by H&S
Community and Primary Care	Whitby UTC	Bench & commemorative plaque	£800.00	On Hold	Waiting for details
Mental Health Services	Mental Health Liaison Service	Team day	£440.00	Complete	
Mental Health Services	Millview Lodge	Manicure Nail Table	£64.95	Complete	
Mental Health Services	Maister Court	5 x Memory clocks	£130.00	Complete	
Mental Health Services	Avondale	Christmas Tree Festival 2026	£60.00	In process	
Mental Health Services	Millview Lodge	Outside storage cabinet	£157.50	Complete	
Mental Health Services	Avondale	Team day - buffet lunch	£256.50	Complete	
Mental Health Services	Avondale	Team day - room hire	£155.00	Complete	
Mental Health Services	Maister Lodge Inpatient Unit	TV cabinet, TV & wheelchairs	£2,285.62	On Hold	With FG for confirmation
Mental Health Services	Millview Lodge	Furry Friends Animal Therapy	£135.00	Declined	Declined by IPC



FEBRUARY 2026

Children's and Learning Disability	Neurodiversity Front door Team	CPD training	£150.00	Complete	
Children's and Learning Disability	Adult Learning Disability Service	Linen Midnight XL cushion	£474.00	Complete	
Community and Primary Care	Whitby IPU	Fidget items	£255.94	Complete	
Community and Primary Care	Fitzwilliam Ward - Malton Hospital	Fidget items	£255.94	In process	
Forensic Services	Ouse Ward	New pool table/repair old one	?	On Hold	Getting cost
Mental Health Services	Westlands	Team day - crazy golf	£675.00	Complete	
Mental Health Services	Maternal Mental Health	Creative resources	£82.47	Complete	
Mental Health Services	Goole, Beverley & Haltemprice Older People's CMHT	Patient therapy corridor redecoration	£258.86	On Hold	Estates liaising with team
Mental Health Services	Perinatal Mental Health Team	Mum and Baby group items	£145.09	Complete	






Mental Health Patient Activity Fund

- ★ Received a grant for £500 specifically for patient activities
- ★ Want to encourage more patient-focussed wishes
- ★ Matching the £500 from Health Stars general fund
- ★ Encourage all services to submit a 'wish' – what would you do with your patients for £100?
- ★ Inpatient and community
- ★ Choose 10 to fund
- ★ Great stories. Great buzz around the opportunities. Promote Health Stars within units



Active dreams

	Malton Day Room	Creating a dementia friendly day room on the Fitzwilliam Ward	£17,500 plus	Work is slow due to team in York Flooring and kitchen due soon	Community and Primary
	Inspire Courtyard Garden	Transform the courtyard garden at Inspire	Unknown	Initial meetings with garden designer. Once we have the design and the cost we will launch the appeal	Children and LD
	Sensory Nest	Additional padding for the walls	£4500	Awaiting outcome from Screwfix Foundation	Children and LD
	Rivendell	Transformation of the entire building	Awaiting shopping list	Brighter Minds Appeal General fundraising for the service	Children and LD
	Granville Court Eyegaze machine	Purchase of 2 Eyegaze machines to support patients who communicate through their eyes	Approx £8000	Dreams pro-forma received. Looking at grant opportunities Granville Team are doing lots of fundraising!	Children and LD

- Possibility that Whitby Children's Area dream will 'reignite'
- Not actively seeking more dreams until 2027



NHS
Humber Teaching
NHS Foundation Trust

Health Stars
Better Healthcare. Brighter Futures.

**Health Stars
SPRING
RAFFLE**

**£2 a
ticket**

YOU COULD WIN...

- iPad Pro
- Mini P&O cruise to Rotterdam
- iPhone 16

Scan QR code to buy your ticket
Winners announced 25 March 2026



Title & Date of Meeting:	Council of Governors Public Meeting – 16 April 2026														
Title of Report:	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback														
Author/s:	Kath Smart, Chair of People OD Committee Kath Smart, Chair of Audit Committee Steph Poole, Chair of Mental Health Legislation Committee Steph Poole, Chair of Collaborative Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the last Board meeting														
Key Issues within the report:															
Positive Assurances to Provide: Details included in the reports from <ul style="list-style-type: none"> Quality Committee Mental Health Legislation Committee Audit Committee People OD Committee 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> N/A 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> N/A 													
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Trust Board</td> <td>March 2026</td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Trust Board	March 2026	Other (please detail) Quarterly report to Council	✓
	Date		Date												
Appointments, Terms & Conditions Committee		Engaging with Members Group													
Trust Board	March 2026	Other (please detail) Quarterly report to Council	✓												

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ <i>Tick those that apply</i>				
✓	Innovating Quality and Patient Safety			
✓	Enhancing prevention, wellbeing and recovery			
✓	Fostering integration, partnership and alliances			
✓	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Title & Date of Meeting:	Trust Board Public Meeting –25 March 2026														
Title of Report:	People & Organisational Development Committee Assurance Report from meeting held on 04 February 2026.														
Author/s:	Kath Smart – Non-Executive Director														
Recommendation:	<table border="1" data-bbox="475 636 1447 748"> <tr> <td data-bbox="475 636 868 680">To approve</td> <td data-bbox="876 636 963 680"></td> <td data-bbox="971 636 1347 680">To discuss</td> <td data-bbox="1355 636 1447 680"></td> </tr> <tr> <td data-bbox="475 680 868 725">To note</td> <td data-bbox="876 680 963 725">✓</td> <td data-bbox="971 680 1347 725">To ratify</td> <td data-bbox="1355 680 1447 725"></td> </tr> <tr> <td data-bbox="475 725 868 770">For assurance</td> <td data-bbox="876 725 963 770">✓</td> <td data-bbox="971 725 1347 770"></td> <td data-bbox="1355 725 1447 770"></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss													
To note	✓	To ratify													
For assurance	✓														
Purpose of Paper:	<p>This paper provides an executive summary of the key discussions and outcomes from the People and Organisational Development Committee meeting held on 04 February 2026. The Committee operates as a formal sub-committee of the Trust Board and is responsible for providing assurance on matters relating to workforce, organisational development, and equality, diversity and inclusion (EDI).</p> <p>The report highlights key points for the Board’s attention and consideration.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • The Committee received comprehensive insight reports across Health & Wellbeing, EDI, Medical Education, Safer Staffing, and People Insight, all of which provided strong assurance on progress and sustained improvement. • Targeted health and wellbeing interventions continue to be directed toward areas with the highest sickness absence, with positive developments in menopause support, period dignity, and men’s health initiatives. • EDI indicators show continued improvement, supported by highly visible leadership and strengthened routes for staff to raise concerns. • Strong progress is being made against the Medical Education 10-point plan, e-rostering standards, productivity, vacancy reduction, and agency spend. • Workforce benchmarking indicates the Trust continues to perform well 	<ul style="list-style-type: none"> • Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT): • Wellbeing interventions continue to be targeted towards areas with the highest levels of sickness absence, with a clear focus on impact and prioritisation rather than broad, unfocused activity. • Ongoing work is progressing on menopause support, period dignity initiatives, and the Trust’s men’s health programme, recognising the higher sickness absence levels within this group. • The Committee requested that options for a “Know Your Numbers” or cholesterol-focused campaign be explored further; this will be taken forward by Karen and Stacey outside the meeting. 														

<p>compared with peers, and the People & OD Strategy remains on track and well aligned with emerging national expectations.</p> <ul style="list-style-type: none"> No significant issues were identified in the Guardian of Safe Working Hours Report, with no exceptions raised in the last quarter. 	<ul style="list-style-type: none"> Strengthened oversight arrangements have been agreed, with regular reporting on wellbeing activity and impact to be brought to future Committees. Continued operational focus on long-term sickness management, return-to-work completion rates, and ensuring the new sickness absence policy is fit for purpose. 			
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> Sickness absence remains a key area of concern at 5.54%, with two-thirds relating to long-term cases; further management action may be required if improvement does not materialise. Emerging potential risks in medical workforce supply due to IR35 implications, visa constraints, and tightening Deanery policy on core training extensions. Cultural risks highlighted within specific services require ongoing attention and continued support from EDI and operational leadership. This is in train Ensuring that wellbeing and development initiatives remain targeted, impactful, and not overly broad, avoiding dilution of effort. Implementation risks associated with the national workforce solution replacing ESR, with a long and complex transition period ahead. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> Agreed that regular reporting on wellbeing initiatives and their impact will be provided going forward. Confirmed continued prioritisation of targeted wellbeing interventions in areas with the highest absence. Supported the proposed approach to future e-roster rollout, focusing on areas of greatest benefit rather than completion percentage alone. Endorsed the audit plan and the areas selected for forthcoming review. Agreed that the Executive Team will further consider escalation of management actions should sickness figures not begin to improve. Noted and supported ongoing work on leadership and management development, including apprenticeships and management fundamentals. Acknowledged the need for continued system alignment and preparation for national changes to the People Function and the new workforce solution. 			
<p>Governance:</p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Trust Board	25/03/26

Monitoring and assurance framework summary:

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IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

Assurance Report 04 February 2026

Health & Wellbeing Insight Report:

The Committee received a comprehensive update on Health and Wellbeing from the Head of Occupational Health & Wellbeing, which generated a rich and constructive discussion. It was particularly encouraging to hear about the continued progress on menopause support and period dignity initiatives, alongside the recent emphasis on men's health, recognising that this group can experience higher levels of sickness absence.

The Committee reflected on the importance of ensuring that wellbeing interventions remain targeted towards areas of greatest need and where they can have the most meaningful impact on reducing absence. We were assured that current initiatives are being focused on services with higher levels of sickness and encouraged a continued disciplined approach to prioritisation, avoiding an over-extension of activity.

We also discussed the potential to develop a “Know Your Numbers” or cholesterol-focused campaign, and this will be picked up outside the meeting by Karen and Stacey. An action was agreed to ensure regular reporting on wellbeing initiatives and impact going forward.

Equality, Diversity and Inclusion Insight Report:

There is a considerable amount of ongoing work in this area, and it is encouraging to see continued improvements in our diversity indicators across the organisation, with significant progress on several measures. There has also been strong support provided to managers, particularly through the *No Excuse for Abuse* initiative.

The Committee also wanted to acknowledge, the value of the EDI Lead's visible approach - getting out into services, speaking directly with staff, and creating space for open discussion. This has given people a clear route to raise concerns, which has been especially important in areas such as Townend Court and PICU, where it is helping us address long-standing issues.

Discussed the timeline for adopting the anti-Semitism statement, and a paper will be going to the Executive Team on this.

Reflected more broadly on how we can continue to build a more genuinely tolerant organisation, one where a diverse range of voices can be heard and where people feel confident to speak up, supported by our values and behavioural framework. The Chair will explore whether there is an opportunity, through the Strategic Board or another appropriate mechanism, for us to challenge ourselves further in this area and identify ways to continue improving our culture.

Professional Education Insight Report – Medical Education:

The Committee noted and discussed the report, and it is encouraging to see the amount of good work continuing in this area. There were no specific issues or concerns to escalate. Progress is being made against the 10-point plan, although there are some risks issues around the Deanery tightening its policies on

extensions to core training that we're looking to manage and mitigate, as well as the impact of visa-related issues affecting some resident doctors.

Safer Staffing Update:

The Committee reviewed the staffing report, which had previously been to Board, and noted that the sequencing will be adjusted for future cycles to improve the flow of information. It was helpful to focus on the key people-related issues, particularly the hotspots around sickness absence, skill mix, and temporary staffing. We look forward to receiving the next report.

People Insight Report:

An excellent paper that provided strong assurance, and it was encouraging to see the steady, incremental progress being made. Incremental improvement is valuable in its own right, and it's important to see this reflected.

A discussion took place around sickness absence, which remains an outlier despite the significant work underway. The encouragement to the Executive Team was to consider what additional management actions may be required if the figures do not start to move in the right direction.

Finance and Workforce Controls Assurance Report:

We received the Workforce Assurance Report and commended the work taking place in this area with lots of hard work on agency reduction and the Trust vacancy rate which is currently 6.6%. It was particularly good to see the continued improvements, especially around productivity.

Risk Register and BAF:

We noted both the Board Assurance Framework and the Risk Register. For the Risk Register, we acknowledged that there are four items rated at 9 and above; however, all actions across both reports have been reviewed and undertaken.

E-Roster Levels of attainment:

Noted the progress update on e-rostering and were pleased to see strong progress against the required standards, particularly in ensuring that 24-hour clinical services are appropriately rostered. We also discussed the future approach, taking a more nuanced approach of where further rollout will bring the greatest benefits, rather than focusing solely on achieving an overall completion percentage.

Update on leadership and Management Framework:

Received an update on the work around the leadership and management work underway, as well as the national framework, and the committee's assessment is that we've got a great opportunity through the development of the Leadership and Management Hub where we'll see strong alignment.

A discussion took place about apprenticeships and the training plan, which will be presented at the next Committee meeting. A discussion also took place about the importance of management fundamentals where a significant amount of positive work happening in this area, and the trust are encouraging roll out development of this piece of work.

Progress against the People Strategy & OD Strategy:

The Committee noted the progress report on the People and OD Strategy, and it is encouraging to see the positive progress being made. This work puts us in a strong position as further national developments and expectations in this area continue to emerge.

People & OD Corporate Benchmarking & National Transformation of People Services Summary:

Regarding the Corporate Benchmarking Report, it was positive to note that we benchmark well, whilst also highlighting the opportunities. This naturally links to the Target Operating Model nationally and the work we're doing to get ready for that and to have a look at what we can do to prepare ourselves for that model. Therefore, we are in a good position both as an organisation and within the wider system.

Guardian of Safe Working Hours Report:

Report received and discussed the quarterly report and noted the concerns that had previously been raised, but also that no exceptions were reported in the last quarter and also no indication of any emerging systemic issues during that period.

This is a time of change, with new contract amendments coming into effect from 6 February 2026. Any impact of these changes will be noted in future quarterly updates. It is hoped that these amendments will help streamline the exception-reporting process, particularly for education-related exceptions, which will now be directed to the Director of Medical Education.

The Committee also received an update on the 10-point plan, and it appears that good progress is being made against the actions.

Audit Plan:

Noted the audit report and the committee were supportive of the areas that are going to be covered.

Absence Deep Dive:

The Committee noted that sickness absence currently stands at 5.54%, which is similar to the level reported at the last deep-dive. Around two-thirds of this absence relates to long-term cases. We discussed the work underway to manage some of the more complex cases and recognised the focused activity around ensuring we have a fit-for-purpose sickness absence policy.

There is continued emphasis on improving the completion of return-to-work discussions, where we are currently achieving around two-thirds, and on strengthening the management of long-term sickness absence.

It was positive to see how our performance compares with other organisations, with benchmarking indicating that we are doing well against similar trusts. However, we also acknowledged that there remains scope for improvement in certain areas.

Leaver Deep Dive:

Received the Leaders Deep Dive report and wanted to acknowledge the significant amount of work that has gone into producing it. We are in a strong position in terms of both turnover and vacancy rates, and further analysis is underway to

understand the increasing prominence of work–life balance as a reason cited by staff.

Medical Workforce Plan:

Welcomed the six-month update and want to recognise the significant amount of work that had taken place under the Medical Directors leadership as CMO. It is clear that good progress is being made across the programme.

The report highlighted some risks, including IR35 considerations, visa constraints, and the financial pressures associated with agency spend. These continue to reinforce the importance of our *grow-our-own* approach. It was also positive to note the 100% fill rate for resident doctors.

We were encouraged to see the creativity and innovative thinking being applied to address some of the longer-term, more complex issues, and we continue to support and encourage this work.

New Workforce Solution:

The Committee noted the workforce solutions update which is the new system which will replace ESR in the next few years. This will be long rollout period, and we'll learn more over the coming months.

Agenda Item 8b

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026														
Title of Report:	Assurance Report to Board from Audit Committee														
Author/s:	Kath Smart, Non-Executive Director														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>√</td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note		To ratify		For assurance	√		
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Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	Report to the Board of the outcomes of the Audit Committee.														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> The Trusts highest risks are documented and up to date. Our deep dive into Children & Learning Disabilities Division Risk Register demonstrated a positive approach to risk management generally, and a good grip on the specific risks being managed The internal audit programme is progressing to plan Positive Assurance audit outcomes for Budget Reduction Strategy audit and Service Users Property & Money audit The Trust team are diligent at implementing actions arising from audits The counterfraud programme remains effective Procurement activity, including justifications for direct awards, is well controlled The Trust’s insurance arrangements remain in place for 26/27, with premiums for negligence claims continuing to reduce. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Self-assessment against requirements of Failure to Prevent Fraud legislation continue and will be brought back to May’s Audit Committee Improve response rate to the Committee self-assessment survey 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Work on the two “limited assurance” audits to close down the actions and address the findings of the audit continue: Discretionary Spend; and Prescribing at Discharge 		Decisions Made: <ul style="list-style-type: none"> Endorse the external and internal audit and counterfraud work in progress Endorsed direct award justifications Approve the 26/27 Internal Audit programme 													

Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Trust Board	Sep 25

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
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Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Assurance Report to Board from Audit Committee's 16th February meeting

The Committee was quorate, and considered the following:

Minutes/Actions: approved and reviewed.

Work Plan: approved. It was noted there are some items included which need to be considered in the Terms of reference (later on the agenda)

Board Assurance Framework: A newly issued audit report confirms significant assurance on the BAF, with some recommendations on future improvements. Audit Committee comments focussed on reviewing if actions are enough to achieve targets, the impact of the Medium Term plan and changes at a regional level impact.

Corporate Risk Register: The risks were reviewed and felt to be appropriate, with some review of the sickness absence risk required, cross referencing to the ICB Risk register and an assessment if the planned actions will reduce the risk as required

Children & Learning Disabilities Divisional Risk Register: a deep dive into this register presented by divisional leader gave an overview of a positive approach to using risk management as a management tool. Risks being managed by the Division included:-

- Patients with an LD diagnosis experiencing delayed discharges due to lack of appropriate community placements;
- Demand for ADHD and ASD assessments exceeding capacity and creating longer waiting lists

External Audit: Forvis Mazars presented their Annual Audit Letter which concludes the 2024/25 work now the pension valuation work has been completed.

Internal Audit: The plan continues to be delivered and is on target.

Since the last Committee, four more reports have been completed; Budget Reduction Strategy – High assurance; and Service Users Property and Money – Significant assurance, both reports were viewed positively by the Committee and represent good outcome for Humber. Also, presented were 2 Limited assurance reports a) Discretionary Spend – Limited Assurance; b) Prescribing at Discharge – Limited Assurance. Much of the discussion focussed around the 2 limited assurance reports and associated actions. Verbal confirmation was given that the Discretionary spend audit had been a value added exercise and actions already in train to improve the controls currently in place. Further work was requested on the Prescribing at Discharge actions to ensure they are specific, this is being reviewed via EMT including clarification of actions, timelines, and assurance on patient safety and incident data.

Internal Audit confirm through sample testing that the Trust is implementing recommendations as agreed.

Internal Audit Plan 2026/27 – There has been a robust process to bring together areas for the 26/27 internal audit days, this was approved by the Audit Committee

Implementation of internal audit recommendations: We noted the position with some recommendations overdue, and asked for more detail on the future timelines which recommendation owners are working towards which should be addressed by the new SOP currently being finalised.

Counter Fraud: We received a positive update on current counter fraud activity, noting an ongoing investigation into a member of staff with multiple contracts in the NHS and the self assessment relating to the “failure to prevent” part of the Economic Crime and Corporate Transparency Act will come back to the next Audit Committee.

Procurement Activity:

We considered the latest direct award justifications. Currently 25 contracts are in progress, with a value of c £8.52m Since the last Committee, 2 more were awarded, with a value of £0.82m. We considered each and endorsed the justifications for direct award. Audit Committee asked for clear identification of who authorised each award

Insurance: The proposed 2026/27 arrangements & payments were noted, with the premiums for the categories of clinical negligence, liabilities to 3rd parties, property, and vehicles. The premium for clinical negligence is reducing, due to an improving claims history.

Non-Audit Work: Forvis Mazars have undertaken no non-audit work.

Audit Committee Effectiveness (draft), Terms of Reference

The draft was reviewed, and it was noted the compliance with the HFMA Checklist was good. It was also noted there was a lower response rate than we would like for the survey that had been undertaken. Actions agreed to improve this for the final review in May, alongside actions to align the Terms of reference with the workplan items

Review of Meeting: The meeting was completed slightly ahead of scheduled time, but it was commented that there were positive and detailed discussions where required, the papers were good quality, items were taken away to complete outside the meeting and there was good all-round participation.

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026																											
Title of Report:	Mental Health Legislation Committee Assurance Report following a meeting on 5 February 2026																											
Author/s:	Stephanie Poole Non-Executive Director and Chair of Mental Health Legislation Committee																											
Recommendation:	<table border="1" data-bbox="539 667 1519 775"> <tr> <td data-bbox="539 667 935 701">To approve</td> <td data-bbox="940 667 1031 701"></td> <td data-bbox="1035 667 1410 701">To discuss</td> <td data-bbox="1415 667 1519 701"></td> </tr> <tr> <td data-bbox="539 707 935 741">To note</td> <td data-bbox="940 707 1031 741"></td> <td data-bbox="1035 707 1410 741">To ratify</td> <td data-bbox="1415 707 1519 741"></td> </tr> <tr> <td data-bbox="539 748 935 775">For assurance</td> <td data-bbox="940 748 1031 775">√</td> <td data-bbox="1035 748 1410 775"></td> <td data-bbox="1415 748 1519 775"></td> </tr> </table>				To approve		To discuss		To note		To ratify		For assurance	√														
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Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board.</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 5 February 2026.</p>																											
Key Issues within the report:																												
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> Activity report for Q3 to end December 2025. Analysis of admissions between age groups 18-34 and 34-65 (ad hoc report) MHA Benchmarking report (ad hoc report) Restrictive Practices Improvement Report Insight Report, including MHA 2005 updates; CQC MHA visits; AHM updates. Multi Agency Public Protection Arrangements (MAPPA) update and result of audit Review of BAF as it relates the MHLC 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Mental Health Act (MHA) 2005 has received Royal Assent and implementation being led nationally. HTFT is initiating project team and progress will be monitored by this committee. Development of an agreement with East Yorkshire Council regarding urgent Deprivation of Liberty Safeguards (DoLs) issues. Exploration of the introduction of trust-level MHA benchmarking and comparative data nationally and regionally. 																											
<p>Key Risks/Areas of Focus:</p> <p>No new risk areas identified.</p>	<p>Decisions Made:</p> <p>None</p>																											
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Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

Action list update

DoLs - In Q1, the Committee heard that occasionally, there are a very small number of patients where urgent Deprivation of Liberty Safeguards (DoLS) authorisation would expire prior to the standard DoLS being authorised by the Local Authority. An agreement is in place with Hull Council so that patients are prioritised and the Medical Director has written to the East Yorkshire Head of Service for Safeguarding and Quality to ask that they similarly respond promptly to requests. Further follow up work has been undertaken, and an agreement is in development. These incidences are being closely scrutinised, and the associated risk is now included on the Trust risk register.

Activity Report Q3 December 2025

The number of patients admitted/detained was as expected and within control limits (total 81, compared to 104 in September 2025 and 89 December 2024). Comparisons of detention by section, regrades, CTOs, s136, tribunals and hearings are within control limits and do not show any significant trends. AWOL incidents were reviewed in detail. It was noted that no under 18s were admitted on a section to an adult ward.

Analysis of admissions between age groups 18-34 and 34-65 (ad hoc report) - National data indicated that admissions of males in the age bracket 18–34 was high. As HTFT demographic data only has age range 18–65, a further break down was completed by age and gender (both informal and formal patients). This showed that HTFT does not show a high admission rate for males 18-24.

MHA Benchmarking report (ad hoc report) - For some time the committee has been keen to see some comparative data for detentions and patients subject to Community Treatment Order (CTO). However it has been recognised that data collected nationally is not in a format useful for benchmarking or assessing performance. However some detailed (but crude) analysis considered detentions per 100,000 population 2024-5 for a range of MH Trusts. HTFT appears to be similar to Trusts of a comparable size in detention rates for Hull and East Yorkshire, with Hull at the higher level. CTO data is only available by ICB area and is not analysed per population. It is not known whether NHSE have plans to collect more meaningful MHA data in future. However members of the committee thought it important to have supporting data to assist in identifying best practice and service improvement opportunities. The Trust will seek to influence the production of meaningful comparative benchmarking data at both regional and national levels.

Restrictive Practices Improvement Report

De-escalation Management Intervention (DMI) training compliance has consistently remained above the 85% compliance rate and is currently at 90.57%. There has been an increase in compliance with CTR/disengagement training with trajectory of reaching compliance by end of Q1 2025/6. Assurance is now in place for data quality and reporting from SystemOne regarding seclusion data, while work continues on restraint reporting. The use of seclusion has reduced during Q3. The use of restraint has continued to reduce in Q3 to the lowest position since Q4 of 2021/22. The use of rapid tranquilisation has further reduced during Q3. There has been a reduction in missed nursing and medic seclusion reviews. All incidences of use of restrictive interventions continue to be subject to clinical review via the daily safety huddle and weekly by the Clinical Risk Management Group (CRMG). Co-production and service user by experience involvement within the Culture of Care programme has continued to strengthen and the new lived experience lead is now in post within the mental health division. The Committee received 2 good practice patient stories from Newbridges and Humber Centre.

Insight Report

Mental Health Act 2025 – It was noted that the Board was updated by the Medical Director on 28 January 2026 regarding Royal Assent on 18 December 2025. The implications for the Trust were noted along with the implementation timescales, which will be over a number of years. A Code of Practice is expected in early 2027, which will signal the start of a programme training and implementation of changes over a 10 year period. In order to assist Trust preparations, resources have been requested from the Project Management Office and a draft Project Initiation Documents has been prepared. The MHLC will seek assurance through it's Insight Reports until a substantive project plan is in place with an indicative implementation timetable, at which point a standing agenda item will be introduced. Consideration of the risks and resource requirements will need to be included once they are identified.

The Associate Hospital Managers forum met in December 2025 and the key topics were noted. The need to continue to recruit and support AHMs was noted as demands continue to increase.

CQC MHA visits – there were no visits during Q3. Outstanding themes and action from previous visits were noted and are proactively followed up by the MHL team.

Multi Agency Public Protection Arrangements (MAPPA) update and result of audit

The MAPPA mechanism is led by the Responsible Authority (Police, Probation Service and Prisons). The Trust has a duty to co-operate with these and other agencies and has appropriate structures and governance arrangements in place to meet this duty. The Trust continues its active attendance and involvement in all MAPPA meetings and panels and feedback from other agencies remains positive. The new Electronic Patient Record (EPR/SystemOne) provided an opportunity to audit and validate patient records in relation to MAPPA. This has enabled improvements to be made to the records and for automated reports to be generated from the system. This is being taken further with the Trust inviting partners to look at consistency and accuracy of records across the partnership. Looking at data in December 2025 and January 2026, 90 patients were under MAPPA, mainly in Forensic Division as expected. There was good assurance that MAPPA is being captured in care plans and risk assessment/management plans for patients who are managed in the community. However some issues were identified in relation to recording MAPPA reviews on the system. Action plans have submitted to Divisional Clinical Networks and for action and a repeat audit is planned for March 2026 for assurance. The Committee received a case study of a patient journey through secure hospitals to discharge.

Further reports were received by the committee and will be on the agenda for discussion at the next meeting.

- Risk assessment prior to patient leave (ad hoc report)
- S132 rights and appeals against detention under the MHA (ad hoc report)
- Annual committee effectiveness questionnaire results (to be incorporated into the annual review).

Next meeting 7 May 2026

Agenda Item 8d

Title & Date of Meeting:	Trust Board Public Meeting – 25 March 2026														
Title of Report:	Chairs Log and Assurance Report from the Specialised Provider Collaborative meeting held on 2 March 2026														
Author/s:	Stephanie Poole, Non-Executive Director Melanie Bradbury, Collaborative Planning Director														
Recommendation:	<table border="1" data-bbox="504 685 1477 797"> <tr> <td data-bbox="504 685 895 723">To approve</td> <td data-bbox="895 685 991 723"></td> <td data-bbox="991 685 1366 723">To discuss</td> <td data-bbox="1366 685 1477 723"></td> </tr> <tr> <td data-bbox="504 723 895 761">To note</td> <td data-bbox="895 723 991 761">√</td> <td data-bbox="991 723 1366 761">To ratify</td> <td data-bbox="1366 723 1477 761"></td> </tr> <tr> <td data-bbox="504 761 895 797">For assurance</td> <td data-bbox="895 761 991 797"></td> <td data-bbox="991 761 1366 797"></td> <td data-bbox="1366 761 1477 797"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This paper provides an executive summary of the discussions held at the Collaborative Committee meeting on Monday 2 March 2026, together with a summary of the key matters for the Humber Teaching NHS Foundation Trust Board to note and consider for assurance.														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • All providers subject to routine quality assurance monitoring • Number of clinically read for discharge patients is improving across the 3 work streams. • Positive financial position • Positive feedback from NHS England to HNY Specialised PC quality assurance • North East Lincolnshire alternative to admission for adult eating disorder service launched 1 March 2026. • Inspire progressing with the new alternative to admission service for young people. 	<p>Key Actions Commissioned/Work Underway (to include comments/discussion at Committee/EMT):</p> <ul style="list-style-type: none"> • Continuing to progress all the work stream 2025/26 priorities and identify new priorities for 2026/27. • Continued work with ICB colleagues regarding improving Care Pathways. 														
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • Proposal from NHS England regarding Future Model for Specialised Provider Collaborative lead provider. • Continuation of monitoring of all patient care packages to ensure safe effective care and treatment. 	<p>Decisions Made:</p> <p>The following were reviewed and ratified at the meeting:</p> <ul style="list-style-type: none"> ✓ YHIN Big Event ✓ AED work stream Terms of Reference ✓ CAMHS work stream Terms of Reference ✓ Collaborative Management Executive Terms of Reference 														

Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee	2.3.2026	Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to. Please outline in the paper how this links)				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

1 Introduction and Purpose

This report is presented to the Humber Teaching NHS Foundation Trust (HTFT) Board to provide assurance regarding the governance, oversight and delivery arrangements of the Collaborative Committee. The Committee has been established by HTFT in its capacity as Lead Provider for the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

In undertaking the Lead Provider role, HTFT is required to demonstrate robust governance arrangements that ensure clear separation between its commissioning (Lead Provider) responsibilities and its provider functions, thereby mitigating any potential conflicts of interest. To support this separation and strengthen independent oversight, HTFT has delegated specific operational responsibilities to the Collaboration Planning and Quality Team (CP&QT), which is formally accountable to the Collaborative Committee.

The CP&QT is responsible for undertaking functions previously delivered by NHS England Specialised Commissioning. These functions include strategic planning, contractual oversight, financial monitoring and quality assurance of specialised Mental Health, Learning Disability and Autism services across the HNY region. The Team also oversees patient placements outside of natural clinical flow for individuals requiring specialist care within the following service areas:

- Child and Adolescent Mental Health In-Patient Services
- Adult Low and Medium Secure Services
- Adult Eating Disorder In-Patient Services

Through these arrangements, the Collaborative Committee provides assurance that the Lead Provider responsibilities are being discharged effectively, transparently and in accordance with statutory and contractual requirements.

2. Patient Story

At each Collaborative Committee meeting, a non-identifiable patient story is shared about an individual from HNY who has accessed specialised mental health, learning disability, and/or autism services.

At the meeting held on 2 March, a patient story was presented about a service user who had received care within adult secure hospital settings for over 20 years. The story highlighted how the Specialised Provider Collaborative managed and coordinated the individual's care package, ultimately leading to a positive outcome for the patient.

In addition to the individual's progress, the case also demonstrated wider service improvements, including strengthening the patient voice within care planning and establishing more regular and robust review procedures for similar cases going forward.

3. Insight Report

The Insight Report is presented at each Collaborative Committee meeting and provides members with a summary of developments across the national, regional, and local

Specialised Provider Collaborative programme. It also highlights any additional topical issues that are not addressed within other reports submitted to the Committee.

This meeting's report includes:

- **Future Model Proposal by NHS England** – NHS England's Regional Team has proposed a revised model for the Specialised Provider Collaborative. This proposal includes the potential merger of South Yorkshire, West Yorkshire and Humber, and North Yorkshire into a single collaborative arrangement under a new Lead Provider.
- The new Lead Provider would be appointed through the Provider Selection Regime, with implementation anticipated from April 2027.



At present, limited further detail is available. Pete Beckwith, Executive Lead for the Specialised Provider Collaborative, is scheduled to attend a regional meeting with Lead Providers, MHLDA Providers, and NHS England on 9 March 2026, where further information is expected to be discussed.

- **Quarter 3 Contract Monitoring** – the meeting was very positive with NHS England sharing positive feedback to HNY Specialised Provider Collaborative regarding quality assurance, contractual oversight, financial management, innovation in new Care Pathways and patient outcomes.

4. Overall Specialised Provider Collaborative Risk Register

This paper shared summarises the current Risk Register for the Humber and North Yorkshire Specialised Provider Collaborative. It provides a high-level overview of the key risks, with the accompanying Excel spreadsheet offering detailed information on each risk, including associated actions and assurances.

As at 2 March 2026 there are 2 risks on the Risk Register of which no risk is rated over 12:

	Initial Rating	Rating – last report	Current Rating	Change	Target Risk Rating
PC 35 CAMHS Clinically Ready for Discharge	15	12	6		4
PC24: Adult Secure Clinically Ready for Discharge	15	12	6		4

It was agreed at the meeting that a new risk will be added to the Specialised Provider Collaborative and HTFT Corporate Risk Register regarding the proposed changes to the Future Model of Specialised Provider Collaboratives.

5 Work Stream Updates

5.1 CAMHS – Children and Young People

- There are no young people on the waiting list for admission.
- There are currently only 2 extra packages of care in place
- Good progress is being made with the CAMHS work stream 2025/26 priorities.
- Number of clinically ready for discharge young people has reduced from 4 to 2.
- Work is ongoing in relation to the NHS England Developmental Specification for children and young people intensive services.
- Work continues to bring lived experience voice into service planning.
- Inspire day care development progressing with a positive response to recruitment.
- The workstream are considering new priorities for 2026/27.
- Continued positive impact following the new alternative to hospital services at Willow View, EDiTT and Young Minds Matters in North East Lincs.

5.2 Adult Eating Disorder

- There are currently no clinically ready for discharge patients.
- The number of out of area admissions has reduced from 3 to 1.
- North East Lincs alternative to admission pathway launched on 1 March 2026
- Good progress is being made with 2025/26 priorities and the workstream are considering new priorities for 2026/27.
- There has been an increase in referrals particularly from North Yorkshire and York; this is being monitored closely.

It was noted at the meeting that the new service initiatives in both CAMHS and Adult Eating Disorders would routinely be commissioned by the ICB, however the Collaborative acknowledges that there is also a benefit to the Specialised PC. Agreed to monitor the patient outcome and financial impact of the new initiatives.

5.3 Adult Secure

- HNY secure care providers average length of stay continues to be lower than in January 2022.
- Clinically ready for discharge remains at 9.
- Active national collaboration around adult secure bed modelling
- HOPE(s) team; learning disability and autism specialised support to people in long term segregation, recruitment in progress for the service to cover in HNY, the service is funded by the ICB and Specialised Provider Collaborative.
- Capacity and demand modelling toolkit co-development underway as part of national NHS England pilot.
- Engagement with NHS England on Learning Disability Forensic Outreach Liaison guidance, advocating for integrated, locally appropriate service specification.
- Workshop being held on 4 March in Bradford with West and South Yorkshire Specialised Provider Collaboratives to progress planning of adult secure care pathways for services which are not provided within the region and also access assessments for specific patient diagnosis.

Discussed in the meeting the impact of clinically ready for discharge and the continuation of oversight and escalation to local authority and health service commissioners when there are patient care pathway delays.

5.4 Clinical and Quality

- **CQC Inspections.** An unannounced full inspection of Leeds and York Partnership NHS Foundation Trust (LYPFT) CAMHS services (Mill Lodge and Red Kite View) took place on 16 July 2024, followed by a further full inspection on 29 October 2025 due to delays in publication. Discussions between West Yorkshire PC and HNY SPC have aligned post-publication quality assurance processes.
- **No active PSIRF incidents (PSIIs)** at the time of reporting.
- Safeguarding - There are no current concerns regarding clinical care delivery for this individual.
- **Freedom to Speak Up alerts - None** reported.
- **Long-Term Segregation (LTS)** - As of 13 February 2026 3 people in LTS
- Oversight is maintained through case manager reviews and escalation meetings. All LTS cases have CRFD (Care Review for Detained Patients) processes applied where required.
- All HNY SPC commissioned providers remain at **Routine Oversight** across domains including:
- **Mental Health Act 2025 (Royal Assent: 18 December 2025)** - Implementation will be phased nationally. HNY SPC has requested provider self-assessments regarding readiness, pathway impact, and risk register implications. CPaQT will determine if risks require inclusion on the SPC Risk Register.
- **National Quality Transformation Programme** - The Mental Health, Learning Disabilities and Autism Inpatient Quality Transformation Programme is progressing nationally via ICBs, with CAMHS and PICU as early implementers.
- HNY SPC has established a task and finish group, linking with ICB leads. This remains a standing agenda item at the Quality Assurance and Improvement Group.
- **Annual Quality Reviews (2025–26)** - All HNY provider Annual Quality Reviews completed in Q2.
 - No escalations required.
 - Action plans monitored through monthly meetings.
 - Emerging themes reviewed systematically.
- **National Recognition**
 - HNY SPC CPaQT has been identified by NHSE as an exemplar of quality oversight practice.
 - The collaborative has been invited to contribute as one of ten national case studies, highlighting:
 - Strong provider engagement
 - Effective use of soft intelligence
 - Robust oversight matrix framework

6. Finance Reports

The year-to-date budget at the end of month 10 is £56m, against which the expenditure is £53.5m giving a favourable variance of £2.5m. Significant proportion is due to the positive financial position of the CAMHS work stream.

Discussions held with Risk and Gain share partners regarding the positive financial position.

	Adult Secure	CAMHS	Adult Eating Disorder	Enhanced Packages	Infrastructure	Contingency	Total
Ytd Budget	34,067	13,554	2,794	3,773	1,228	531	55,947
Actual	34,107	11,422	2,730	3,977	1,219	-	53,455
Variance	(40)	2,131	64	(204)	10	531	2,492

7. Annual Agenda Items

- 7.1 Collaborative Committee Work Plan – reviewed and agreed.
- 7.2 Collaborative Committee Terms of Reference – reviewed and agreed with the following changes:
 - Agreed to change name to Specialised Collaborative Committee
 - Agreed to change Vice Chair to Non-Executive member.
- 7.3 Collaborative Committee Annual Effectiveness – reviewed and agreed.

8. Items for Review and Ratification

- 8.1 VCSE Women’s Pathway Business Case
discussed and following receipt of procurement guidance will be considered for ratification
- 8.2 YHIN Big Event ratified
- 8.3 AED work stream Terms of Reference ratified
- 8.4 CAMHS work stream Terms of Reference ratified
- 8.5 Collaborative Management Executive Terms of Reference ratified

Agenda Item 9

Title & Date of Meeting:	Council of Governors Meeting Part I - 16 April 2026														
Title of Report:	Constitution Review 2026														
Author/s:	Name: Stella Jackson Title: Head of Corporate Affairs														
Recommendation:	<table border="1" data-bbox="523 595 1511 712"> <tr> <td data-bbox="523 595 919 631">To approve</td> <td data-bbox="922 595 1011 631"></td> <td data-bbox="1015 595 1394 631">To discuss</td> <td data-bbox="1398 595 1511 631"></td> </tr> <tr> <td data-bbox="523 636 919 672">To note</td> <td data-bbox="922 636 1011 672">✓</td> <td data-bbox="1015 636 1394 672">To ratify</td> <td data-bbox="1398 636 1511 672"></td> </tr> <tr> <td data-bbox="523 676 919 712">For assurance</td> <td data-bbox="922 676 1011 712"></td> <td data-bbox="1015 676 1394 712"></td> <td data-bbox="1398 676 1511 712"></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>In 2023, the Council of Governors and Board approved a number of changes to the Trust's Constitution following a review by Hill Dickinson to ensure it remained fit for purpose following the commencement of the Health and Care Act 2022.</p> <p>In 2025 minor amendments to the section of the Constitution regarding the affixing of the Trust Seal were approved (to make it consistent with Standing Orders and the Scheme of Delegation).</p> <p>No further changes are currently proposed for 2026 and the latest version of the Constitution is attached at Appendix 1.</p>														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> The changes approved in 2023 ensure the Constitution remains fit for purpose by addressing requirements brought about by the Health and Care Act 2022. The further amendments in 2025 ensure the Constitution remains consistent with the Standing Orders and Scheme of Delegation. A copy of the Constitution was circulated to Governors and Board members in March 2026 with an invitation that they contact the Head of Corporate Affairs should they believe any changes were required. No recommendations to change were made. 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> n/a 														

Matters of Concern or Key Risks:		Decisions Made:	
<ul style="list-style-type: none"> None. 		<ul style="list-style-type: none"> n/a 	
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group
	Trust Board	March 2026	Other (please detail)

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Proposed Changes to the Constitution May 2026

1. Introduction

In 2023, the Council of Governors and Board approved a number of changes to the Trust's Constitution following a review by Hill Dickinson to ensure it continued to meet the requirements of the Model Constitution and that it reflected the provisions of the Health and Care Act 2022. In 2025, changes to the section regarding the affixing of the Trust Seal were approved to ensure this was consistent with the Standing Orders and Scheme of Delegation.

A copy of the Constitution was circulated to Governors and Board members in March 2026 with an invitation that they contact the Head of Corporate Affairs should they believe any changes were required. No recommendations to change were made.

The revisions in 2023 and 2025 ensure the Constitution remains fit for purpose and no further changes are currently proposed for 2026.

2. The Approval Process

The Constitution provides that any changes to the Constitution must be approved by the Council of Governors and Board of Directors. A report will also be forwarded to the Board of Directors meeting to be held on 27 May 2026.

3. Recommendation

The Council of Governors is asked to:

- Note that no further changes are proposed.



Constitution

Humber Teaching NHS Foundation Trust Constitution

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1. Interpretation and Definitions

Unless otherwise stated, words or expressions contained in this Constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health & Social Care Act 2012 and Health and Care Act 2022.

Unless expressly provided otherwise, a reference to legislation or legislative provision shall be to that legislation as it is in force, amended or re-enacted from time to time.

The 2006 Act is the National Health Service Act 2006.

The 2012 Act is the Health and Social Care Act 2012.

The 2022 Act is the Health and Care Act 2022.

Accounting Officer is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.

Annual Members' Meeting is defined in paragraph 11 of the Constitution.

Appointed Governors are those Governors appointed by the appointing organisation listed in Annex 4.

Constitution means this Constitution and all annexes to it.

Director means a member of the Board of Directors.

Elected Governors are those Governors elected by the public and staff constituencies.

Member means a member of the Trust.

NHS England (NHSE) is the statutory entity as provided by section 1H of the 2006 Act that regulates NHS Foundation Trusts.

Senior Independent Director means the person appointed by the Board of Directors, in consultation with the Council of Governors, to provide a sounding board for the Chair, to serve as an intermediary for the other Directors when necessary and to be available to Governors if they have concerns that contact through normal channels has failed to resolve.

Service User and Carer Constituency means (collectively) the members of the service user and carer constituency which is referred to as the 'patients' constituency' in the 2006 Act.

Service User and Carer Governor means a Governor elected by the members of the Service User and Carer Constituency.

Trust Secretary means the Secretary of the Trust or any person appointed to perform the duties of the Secretary of the Trust

Voluntary Organisation is a body, other than a public or local authority, the activities of which are carried on not for profit.

2. Name

The name of the Foundation Trust is Humber Teaching NHS Foundation Trust (the Trust).

3. Principal Purpose

3.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

The Trust undertakes both provision and commissioning functions, as the Lead Provider for the Humber Coast and Vale Provider Collaboration in the delivery of Child and Adolescent Mental Health In-Patient, Adult Low and Medium Secure and Adult Eating Disorder Services.

3.2 The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

3.3 The Trust may provide goods and services for any purposes related to

3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

3.3.2 the promotion and protection of public health.

3.4 The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order to better carry on its principal purpose.

3.5 The Trust's vision is to be a leading provider of integrated health services, recognised for the care, compassion, and commitment of our staff and known as a great employer and valued partner.

4. Powers

4.1 The powers of the Trust are set out in the 2006 Act.

4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

The Board has a delegated responsibility from NHSE for the commissioning, contractual and quality and safety oversight of the entirety of the contracts awarded to the Trust as the Lead Provider of the Humber Coast and Vale Provider Collaboration in the delivery of Child and Adolescent Mental Health In-Patient, Adult Low and Medium Secure and Adult Eating Disorder Services.

4.3 The Board of Directors may authorise any three or more persons each of whom is neither:

- 4.3.1 an executive Director of the Trust; nor
- 4.3.2 an employee of the Trust;

To exercise the powers conferred on the Trust by Section 25 of the Mental Health Act (MHA)

4.4 The Trust may enter into arrangements for the carrying out, on such terms as the Trust considers appropriate, of any of its functions jointly with any other person.

4.5 The Trust may arrange for any of the functions exercisable by the Trust to be exercised by or jointly with any one or more of the following:

- 4.5.1 A relevant body;
- 4.5.2 A local authority within the meaning of section 2B of the 2006 Act;
- 4.5.3 A combined authority.

4.6 The Trust may also enter into arrangements to carry out the functions of another relevant body, whether jointly or otherwise.

4.7 Where a function is exercisable by the Trust jointly with one or more of the other organisations mentioned at paragraph 4.6, those organisations and the Trust may:

- 4.7.1 Arrange for the function to be exercised by a joint committee of theirs;
- 4.7.2 Arrange for the Trust, one or more of those other organisations, or a joint committee of them, to establish and maintain a pooled fund

in accordance with section 65Z6 of the 2006 Act.

4.8 The Trust must exercise its functions effectively, efficiency and economically.

4.9 In making a decision about the exercise of its functions, the Trust must have regard to all likely effects of the decision in relation to:

- 4.9.1 The health and well-being of (including inequalities between) the people of England;
- 4.9.2 The quality of services provided to (including inequalities between benefits obtained by) individuals by or in pursuance of arrangements made by relevant bodies for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;
- 4.9.3 Efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

4.10 In the exercise of its functions, the Trust must have regard to its duties under section 63B of the 2006 Act (complying with targets under section 1 of the Climate Change Act 2008 and section 5 of the Environment Act 2021, and to adapt any current or predicted impacts of climate change in the most recent report under section 56 of the Climate Change Act 2008).

4.11 For the purposes of this section, “relevant body” means NHSE, an integrated care board, an NHS trust, a NHS foundation trust (including the Trust) or such other body as may be prescribed under section 65Z5(2). “Relevant bodies” means two or more of these organisations as the context requires.

4.12 The arrangements under this paragraph 4 shall be in accordance with:

- 4.12.1 any applicable requirements imposed by the 2006 Act or regulations made under that Act;
- 4.12.2 any applicable statutory guidance that has been issued and
- 4.12.3 otherwise on such terms as the Trust sees fit.

5 Membership and Constituencies

The Trust shall have members, each of whom shall be a member of one of the following constituencies:

- 5.1 a Public Constituency
- 5.2 a Staff Constituency
- 5.3 a Service User and Carer Constituency

6 Application for Membership

An individual who is eligible to become a member of the Trust may do so on application to the Trust.

7 Public Constituency

- 7.1 An individual who lives in an area specified in Annex 1 as an area for a Public Constituency may become or continue as a member of the Trust.
- 7.2 Those individuals who live in an area specified for a public constituency are referred to collectively as a Public Constituency.
- 7.3 The minimum number of members in each area for the Public Constituency is specified in Annex 1.

8 Staff Constituency

8.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a staff member of the Trust provided:

- 8.1.1 He/she is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
- 8.1.2 He/she has been continuously employed by the Trust under a contract of employment for at least 12 months.

8.2 Individuals who exercise functions for the purposes of the Trust otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months.

8.3 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Staff Constituency.

8.4 The minimum number of members in the Staff Constituency is specified in Annex 2.

Automatic Membership by Default –Staff

8.5 An individual who is:

8.5.1 eligible to become a member of the Staff Constituency;
and

8.5.2 invited by the Trust to become a member of the Staff Constituency

shall become a member of the Trust as a member of the Staff Constituency without an application being made, unless he/she informs the Trust that they do not wish to do so.

9. Service User and Carer Constituency

9.1 An individual who has, within the period specified below, attended any of the Trust's services as either a patient or as the carer of a patient may become a member of the Trust.

9.2 The period referred to above shall be the period of 3 years immediately preceding the date of an application by the patient or carer to become a member of the Trust.

9.3 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Service User and Carer Constituency.

9.4 An individual providing care in pursuance of a contract (including a contract of employment) with a voluntary organisation, or as a volunteer for a voluntary organisation, does not come within the category of those who qualify for membership of the Service User and Carer Constituency.

9.5 The minimum number of members in the Service User and Carer Constituency is specified in Annex 3.

10. Restriction on Membership

10.1 An individual who is a member of a constituency, or of any class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class.

10.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.

10.3 An individual must be at least 14 years old to become a member of the Trust.

10.4 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Trust are set out in Annex 9 – Further Provisions.

11. Annual Members' Meeting

The Trust shall hold an annual meeting of its members ('Annual Members' Meeting'). The Annual Members' Meeting shall be open to members of the public.

12 Council of Governors – Composition

- 12.1 The Trust is to have a Council of Governors, which shall comprise both elected and appointed Governors.
- 12.2 The composition of the Council of Governors is specified in Annex 4.
- 12.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within that constituency, by their class within the constituency. The number of Governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 4.

13. Council of Governors – Election of Governors

- 13.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules.
- 13.2 The Model Election Rules as published from time to time by NHS Providers form part of this Constitution. The Model Election Rules are attached at Annex 5.
- 13.3 A subsequent variation of the Model Election Rules by NHS Providers shall not constitute a variation of the terms of this Constitution for the purposes of paragraph 44 of the Constitution.
- 13.4 An election, if contested, shall be by secret ballot.
- 13.5 Governors must be at least 16 years of age at the closing date for nominations for their election or appointment.

14. Council of Governors - Tenure

- 14.1 An elected Governor may hold office for a period of up to 3 years.
- 14.2 An elected Governor shall cease to hold office if he/she ceases to be a member of the constituency or class by which he/she was elected.
- 14.3 An elected Governor shall be eligible for re-election at the end of their term. However, no Governor may stand for re-election having served 3 terms or a maximum of 9 years.
 - 14.3.1 Where a vacancy arises on the Council of Governors for any reason other than expiry of term of office, the following provisions will apply:
 - 14.3.2 where the vacancy arises amongst the Appointed Governors, the Secretary shall request that the appointing organisation appoints a replacement to hold office for a three year term;

14.3.3 where the vacancy arises amongst the Elected Governors, the next highest polling candidate for that seat at the most recent election (who is willing to take office) will be invited to fill the seat for the remainder of the current term.

14.4 Appointed Governors may hold office for a period of up to 3 years.

14.4.1 Appointed Governors shall cease to hold office if the appointing organisation withdraws its sponsorship of him/her.

14.4.2 An Appointed Governor shall be eligible for re-appointment at the end of his/her term, but, subject to paragraph 14.4.3 below, shall serve no more than 3 consecutive terms of office or a maximum of 9 years.

14.4.3 Where an appointing organisation considers that an individual who would not otherwise be eligible for appointment as an Appointed Governor because of the restriction in paragraph 14.4.2 above remains the most appropriate person to represent the organisation, it may seek the approval of the Chair and the Chief Executive to appointing the individual to serve a further term or terms of office.

14.5 Any Governor shall cease to hold office if he/she is disqualified for any of the reasons set out in this Constitution.

15. Council of Governors – Disqualification and Removal

15.1 The following may not become or continue as a member of the Council of Governors:

15.1.1 a person who has been made bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

15.1.2 a person who has made a composition or arrangement (including a debt relief order under the Insolvency Act) or granted a Trust deed for, his/her creditors and has not been discharged in respect of it;

15.1.3 A person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

15.1.4 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her;

15.2 Governors must be at least 16 years of age at the closing date for nominations for their election or appointment.

15.3 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors and provision for the removal of Governors in certain circumstances are set out in Annex 6.

16. Council of Governors – General Duties

16.1 The general duties of the Council of Governors are –

16.1.1 to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and

16.1.2 to represent the interests of the members of the Trust as a whole and the interests of the public at large.

16.2 The Trust must take steps to ensure that the Governors are equipped with the skills and knowledge they require in their capacity as such.

17. Council of Governors – Meetings of Governors

17.1 The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 26 below) or, in his/her absence the Deputy Chair (appointed in accordance with the provision of paragraph 27 below) or, in their absence, another non-executive director (as the Directors present shall choose), shall preside at meetings of the Council of Governors.

17.2 Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting, or part of a meeting, for special reasons.

17.3 For the purposes of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting.

18. Council of Governors – Standing Orders

The standing orders for the practice and procedure of the Council of Governors is attached at Annex 7.

19 Council of Governors – Referral to the Panel

19.1 In this paragraph, the "Panel" means a panel of persons appointed by NHS Improvement (NHSI) the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts to which a Governor of an NHS Foundation Trust may refer a question as to whether the Trust has failed or is failing:-

19.1.1 to act in accordance with its Constitution, or

19.1.2 to act in accordance with provision made by or under Chapter 5 of the 2006 Act.

19.2 A Governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

20. Council of Governors - Conflicts of Interest of Governors

If a Governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other

matter which is under consideration or is to be considered by the Council of Governors, the Governor shall disclose that interest to the members of the Council of Governors as soon as he/she becomes aware of it. The Standing Orders for the Council of Governors (Annex 7) shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

21. Council of Governors – Travel Expenses

The Trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the Trust.

22. Council of Governors – Further Provisions

Further provisions with respect to the Council of Governors are set out in Annex 6.

23. Board of Directors – Composition

23.1 The Trust is to have a Board of Directors, which shall comprise both Executive and Non-Executive Directors.

23.2 The Board of Directors is to comprise:

23.2.1 a Non-Executive Chair

23.2.2 up to 6 other Non-Executive Directors;

23.2.3 up to 6 Executive Directors

23.3 One of the Executive Directors shall be the Chief Executive.

23.4 The Chief Executive shall be the Accounting Officer.

23.5 One of the Executive Directors shall be the Finance Director.

The Executive Director of Finance shall also be the executive lead for the Trust's commissioning responsibilities through Provider Collaboratives and other contractual mechanisms.

23.6 One of the Executive Directors is to be a Registered Medical Practitioner

23.7 One of the Executive Directors is to be a Registered Nurse

23.8 The operation of 23.2 above shall be such that, at all times, at least half of the Board of Directors, excluding the Chair, shall be Non-Executive Directors

23.9 The Board of Directors shall, following consultation with the Council of Governors, appoint one of the Non-Executive Directors to be their Senior Independent Director, using the procedure set out in the Constitution.

24. Board of Directors – General Duty

The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

25. Board of Directors – Qualification for Appointment as a Non-Executive Director

A person may be appointed as a Non-Executive Director only if –

- 25.1 he/she is a member of the Public Constituency, or
- 25.2 he/she is a member of the Service User and Carer Constituency
- 25.3 he/she is not disqualified by virtue of paragraph 29 below
- 25.4 he/she is not disqualified by virtue of the further provisions as set out in Annex 9

26. Board of Directors – Appointment and Removal of Chair and other Non-Executive Directors

- 26.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair of the Trust and the other Non-Executive Directors.
- 26.2 Removal of the Chair or another Non-Executive Director shall require the approval of three quarters of the members of the Council of Governors.

27. Board of Directors – Appointment of Deputy Chair

The Council of Governors at a general meeting of the Council of Governors may appoint one of the Non-Executive Directors as a Deputy Chair.

28. Board of Directors - Appointment and Removal of the Chief Executive and other Executive Directors

- 28.1 Non-Executive Directors shall appoint or remove the Chief Executive.
- 28.2 The appointment of the Chief Executive shall require the approval of the Council of Governors as per the Council's Standing Orders, Annex 7.
- 28.3 The Chief Executive is to be appointed in accordance with paragraph 28.2 above.
- 28.4 A Committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other Executive Directors.

29. Board of Directors – Disqualification

The following may not become or continue as a member of the Board of Directors:

- 29.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

- 29.2 a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);
- 29.3 a person who has made a composition or arrangement (including a debt relief order under the Insolvency Act) or granted a Trust deed for, his/her creditors and has not been discharged in respect of it;
- 29.4 a person who within the preceding five years has been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her;
- 29.5 he/she is a medical practitioner that has been removed from the professional register by the General Medical Council;
- 29.6 he/she has conducted his or herself in a way that has caused, or is likely to cause, material prejudice, to the best interests of the Trust or the proper conduct of the Board of Directors or otherwise in a manner inconsistent with continued membership of the Board of Directors.

30. Board of Directors – Meetings

- 30.1 Meetings of the Board of Directors shall be held in public and open to members of the public. Members of the public may be excluded from a meeting for special reasons and having regard to the confidential or commercially sensitive nature of the business to be transacted, publicity of which would be prejudicial to the public interest (known as a 'Part II' meeting).
- 30.2 Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors. Board meetings held in public (known as 'Part I' meetings) will be published on the Trust's website.

31. Board of Directors – Standing Orders

The Standing Orders for the practice and procedure of the Board of Directors are attached at Annex 8.

32. Board of Directors - Conflicts of Interest of Directors

- 32.1 The duties that a Director of the Trust has by virtue of being a Director include in particular -
 - 32.1.1 A duty to avoid a situation in which the Director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.
 - 32.1.2 A duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.
- 32.2 The duty referred to in sub-paragraph 32.1.1 is not infringed if –

- 32.2.1 The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or
- 31.2.2 The matter has been authorised in accordance with the Constitution.
- 32.3 The duty referred to in sub-paragraph 32.1.2 is not infringed if acceptance of the benefit reasonably be regarded as likely to give rise to a conflict of interest.
- 32.4 In sub-paragraph 32.1.2, “third party” means a person other than –
- 32.4.1 The Trust, or
- 32.4.2 A person acting on its behalf.
- 32.5 If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to the other Directors.
- 32.6 If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.
- 32.7 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.
- 32.8 This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.
- 32.9 A Director need not declare an interest –
- 32.9.1 If it cannot reasonably be regarded as likely to give rise to a conflict of interest;
- 32.9.2 If, or to the extent that, the Directors are already aware of it;
- 32.9.3 If, or to the extent that, it concerns terms of the Director’s appointment that have been or are to be considered –
- 32.9.3.1 By a meeting of the Board of Directors, or
- 32.9.3.2 By a Committee of the Directors appointed for the purpose under the Constitution.

33. Board of Directors – Remuneration and Terms of Office

- 33.1 The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors.
- 33.2 The Trust shall establish a Committee of Non-Executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other Executive Directors.

34. Registers

The Trust shall have:

- 34.1 a register of members showing, in respect of each member, the constituency to which he/she belongs and, where there are classes within it, the class to which he/she belongs;
- 34.2 a register of members of the Council of Governors;
- 34.3 a register of interests of Governors;
- 34.4 a register of Directors; and
- 34.5 a register of interests of the Directors.

35 Admission to and Removal from the Registers

- 35.1 The Trust Secretary shall add to the confidential register of members the name of any member who is accepted under the provisions of this Constitution
- 35.2 The Trust Secretary shall remove from the register the name of any member who ceases to be entitled to be a member under the provisions of this Constitution

36. Registers – Inspection and Copies

- 36.1 The Trust shall make the registers specified in paragraph 35 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.
- 36.2 The Trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the Trust, if the member so requests.
- 36.3 So far as the registers are required to be made available:
 - 36.3.1 they are to be available for inspection free of charge at all reasonable times; and
 - 36.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.
- 36.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

37. Documents Available for Public Inspection

- 37.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:
 - 37.1.1 a copy of the current Constitution,
 - 37.1.2 a copy of the latest annual accounts and of any report of the auditor on them, and
 - 37.1.3 a copy of the latest annual report.

37.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:

37.2.1 a copy of any order made under section 65D (appointment of Trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (Trusts coming out of administration) or 65LA (Trusts to be dissolved) of the 2006 Act.

37.2.2 a copy of any report laid under section 65D (appointment of Trust special administrator) of the 2006 Act.

37.2.3 a copy of any information published under section 65D (appointment of Trust special administrator) of the 2006 Act.

37.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.

37.2.5 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act.

37.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (NHSE's decision), 65KB (Secretary of State's response to NHSE's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act.

37.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.

37.2.8 a copy of any final report published under section 65I (administrator's final report).

37.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act.

37.2.10 a copy of any information published under section 65M (replacement of Trust special administrator) of the 2006 Act.

37.3 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

37.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

38. Auditor

38.1 The Trust shall have an auditor.

38.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

38.3 The Auditor is to carry out his duties in accordance with Schedule 10 to the 2006

Act and in accordance with any directions given by NHSE, the statutory entity that remains the regulator of NHS foundation trusts.

39. Audit Committee

The Trust shall establish a Committee of Non-Executive Directors as an Audit Committee to perform such monitoring, reviewing and other functions as are appropriate.

40. Accounts

- 40.1 The Trust must keep proper accounts and proper records in relation to the accounts.
- 40.2 NHSE may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.
- 40.3 The accounts are to be audited by the Trust's auditor.
- 40.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHSE) may with the approval of the Secretary of State direct.
- 40.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

41. Annual Report and Forward Plans and Non NHS Work

- 41.1 The Trust shall prepare an Annual Report and send it to NHSE .
- 41.2 The Trust shall give information as to its forward planning in respect of each financial year to NHSE (NHSE).
- 41.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the Directors.
- 41.4 In preparing the document, the Directors shall have regard to the views of the Council of Governors.
- 41.5 Each forward plan must include information about –
 - 41.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and
 - 41.5.2 the income it expects to receive from doing so.
- 41.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 41.5.1 the Council of Governors must
 - 41.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfillment by the Trust of its principal purpose or the performance of its other functions, and
 - 41.6.2 notify the Directors of the Trust of its determination.
- 41.7 The Trust, if it proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England, may implement the

proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

42. Presentation of the Annual Accounts and Reports to the Governors and Members

- 42.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:
- 42.1.1 the annual accounts
 - 42.1.2 any report of the auditor on them
 - 42.1.3 the annual report.
- 42.2 The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.
- 42.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 42.1 with the Annual Members' Meeting.

43. Instruments

- 43.1 The Trust shall have a seal.
- 43.2 The seal shall not be affixed except under the authority of the Chief Executive (or their nominated deputy) and the Director of Finance (or their nominated deputy).

44. Amendment of the Constitution

- 44.1 The Trust may make amendments to its Constitution only if:
- 44.1.1 More than half of the members of the Council of Governors of the Trust voting approve the amendments, and
 - 44.1.2 More than half of the members of the Board of Directors of the Trust voting approve the amendments.
- 44.2 Amendments made under paragraph 44 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.
- 44.3 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust).
- 44.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and
 - 44.3.1 The Trust must give the members an opportunity to vote on whether they approve the amendment.
- 44.4 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

44.5 Amendments by the Trust of its Constitution are to be notified to NHSE . For the avoidance of doubt, NHSE's functions do not include a power or duty to determine whether or not the Constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

45 Mergers etc. and Significant Transactions

45.1 The Trust may only apply for a merger, acquisition, separation or dissolution (in accordance with the provisions of the 2006 Act) with the approval of more than half of the members of the Council of Governors.

45.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.

45.3 A "significant transaction" means a transaction that equates to:

The income attributable to the assets or the contract associated with the transaction is greater than 25% of the current Trust income (i.e for £200m turnover, this would equate to new income above £50m); or

The gross assets subject to the transaction are greater than 25% of the total gross assets of the Trust (i.e for £90m of gross assets, this would equate to new assets valued above £22.5m); or

The gross capital of the company or business being acquired/divested is greater than 25% of the total capital for the Trust (i.e: for £70m total capital, capital for the transaction would exceed £17.5m). Total Capital for a foundation trust relates to taxpayers' and others equity in the statement of financial position within the annual accounts.

ANNEX 1 – THE PUBLIC CONSTITUENCY

Name of Areas within the Constituency	Area	Minimum Number of Members	Number of Governors
East Riding of Yorkshire	The electoral wards of East Riding of Yorkshire	100	6
Hull	The electoral wards of Hull	100	4
Rest of England	The electoral wards of the rest of England (excluding those electoral wards covered by the other areas of the Public Constituency)	15	1
Whitby, Ryedale and Scarborough	The electoral wards of Whitby, Ryedale and Scarborough and surrounding areas	15	1

ANNEX 2 – THE STAFF CONSTITUENCY

Name of Constituency	Class of Staff Membership	Minimum number of members	No of Governors
Staff	Clinical	200	2
	Non Clinical		2
	Either Clinical or Non Clinical		1
	Total		5

ANNEX 3 – THE SERVICE USER AND CARER CONSTITUENCY

Name of Constituency	Description of individuals eligible to become members	Minimum number of Members	No of Elected Governors
Service User and Carer	An individual who has attended any of the Trust's services as a patient or a carer in the 3 years preceding the date of their application to become a member of the trust.	15	2

ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS

ELECTED GOVERNORS:

Public Constituency	NUMBER OF GOVERNORS
HULL	4
EAST RIDING OF YORKSHIRE	6
REST OF ENGLAND	1
WHITBY, RYEDALE AND SCARBOROUGH	1
Service User and Carer Constituency	2
Staff Constituency	5
Total Elected	19

APPOINTED GOVERNORS:

SPONSOR	NUMBER OF GOVERNORS
UNIVERSITY	1
HUMBERSIDE POLICE	1
VOLUNTARY PARTNER	1
HULL LOCAL AUTHORITY	1
EAST RIDING OF YORKSHIRE LOCAL AUTHORITY	1
FIRE & RESCUE	1
Total Appointed	6

ANNEX 5 - THE MODEL ELECTION RULES

MODEL ELECTION RULES 2014

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1. Interpretation

1.1 In these rules, unless the context otherwise requires:

“*2006 Act*” means the National Health Service Act 2006;

“*corporation*” means the public benefit corporation subject to this constitution;

“*council of governors*” means the council of governors of the corporation;

“*declaration of identity*” has the meaning set out in rule 21.1;

“*election*” means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

“*e-voting*” means voting using either the internet, telephone or text message;

“*e-voting information*” has the meaning set out in rule 24.2;

“*ID declaration form*” has the meaning set out in Rule 21.1; “internet voting record” has the meaning set out in rule 26.4(d);

“*internet voting system*” means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

“*lead governor*” means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (Monitor, December 2013) or any later version of such code.

“*list of eligible voters*” means the list referred to in rule 22.1, containing the information in rule 22.2;

“*method of polling*” means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

“*numerical voting code*” has the meaning set out in rule 64.2(b)

“*polling website*” has the meaning set out in rule 26.1;

“*postal voting information*” has the meaning set out in rule 24.1;

“*telephone short code*” means a short telephone number used for the purposes of submitting a vote by text message;

“*telephone voting facility*” has the meaning set out in rule 26.2;

“*telephone voting record*” has the meaning set out in rule 26.5 (d);

“*text message voting facility*” has the meaning set out in rule 26.3;

“*text voting record*” has the meaning set out in rule 26.6 (d);

“the telephone voting system” means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

“the text message voting system” means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

“voter ID number” means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

“voting information” means postal voting information and/or e-voting information

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

PART 2: TIMETABLE FOR ELECTIONS

2. Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination forms to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

3. Computation of time

3.1 In computing any period of time for the purposes of the timetable:

- (a) a Saturday or Sunday;
- (b) Christmas day, Good Friday, or a bank holiday, or
- (c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

- 4. Returning Officer
 - 4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.
 - 4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.
- 5. Staff
 - 5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.
- 6. Expenditure
 - 6.1 The corporation is to pay the returning officer:
 - (a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
 - (b) such remuneration and other expenses as the corporation may determine.
- 7. Duty of co-operation
 - 7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election
- 8.1 The returning officer is to publish a notice of the election stating:
- (a) the constituency, or class within a constituency, for which the election is being held,
 - (b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (c) the details of any nomination committee that has been established by the corporation,
 - (d) the address and times at which nomination forms may be obtained;
 - (e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,
 - (f) the date and time by which any notice of withdrawal must be received by the returning officer
 - (g) the contact details of the returning officer
 - (h) the date and time of the close of the poll in the event of a contest.
9. Nomination of candidates
- 9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.
- 9.2 The returning officer:
- (a) is to supply any member of the corporation with a nomination form, and
 - (b) is to prepare a nomination form for signature at the request of any member of the corporation,
- but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.
10. Candidate's particulars
- 10.1 The nomination form must state the candidate's:
- (a) full name,
 - (b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and
 - (c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests
 - 11.1 The nomination form must state:
 - (a) any financial interest that the candidate has in the corporation, and
 - (b) whether the candidate is a member of a political party, and if so, which party,and if the candidate has no such interests, the paper must include a statement to that effect.
12. Declaration of eligibility
 - 12.1 The nomination form must include a declaration made by the candidate:
 - (a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,
 - (b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.
13. Signature of candidate
 - 13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:
 - (a) they wish to stand as a candidate,
 - (b) their declaration of interests as required under rule 11, is true and correct, and
 - (c) their declaration of eligibility, as required under rule 12, is true and correct.
 - 13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.
14. Decisions as to the validity of nomination
 - 14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:
 - (a) decides that the candidate is not eligible to stand,
 - (b) decides that the nomination form is invalid,
 - (c) receives satisfactory proof that the candidate has died, or
 - (d) receives a written request by the candidate of their withdrawal from candidacy.
 - 14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

- (a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,
- (b) that the paper does not contain the candidate's particulars, as required by rule 10;
- (c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
- (d) that the paper does not include a declaration of eligibility as required by rule 12, or
- (e) that the paper is not signed and dated by the candidate, if required by rule 13.

14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

15. Publication of statement of candidates

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

- (a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and
- (b) the declared interests of each candidate standing,

as given in their nomination form.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination forms

16.1 The corporation is to make the statement of the candidates and the nomination

forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

17. Withdrawal of candidates

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:

- (a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and
- (b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

19. Poll to be taken by ballot
- 19.1 The votes at the poll must be given by secret ballot.
- 19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.
- 19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.
- 19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.
- 19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:
- (a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;
 - (b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;
 - (c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.
20. The ballot paper
- 20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

- 20.2 Every ballot paper must specify:
- (a) the name of the corporation,
 - (b) the constituency, or class within a constituency, for which the election is being held,
 - (c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
 - (e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,
 - (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
 - (g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public and patient constituencies)

21.1 The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:

- (a) that the voter is the person:
 - (i) to whom the ballot paper was addressed, and/or
 - (ii) to whom the voter ID number contained within the e-voting information was allocated,
 - (b) that he or she has not marked or returned any other voting information in the election, and
 - (c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,
- ("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.

21.2 The voter must be required to return his or her declaration of identity with his or her ballot.

21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

Action to be taken before the poll

22. List of eligible voters

22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

22.2 The list is to include, for each member:

(a) a postal address; and,

(b) the member's e-mail address, if this has been provided

to which his or her voting information may, subject to rule 22.3, be sent.

22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

23. Notice of poll

23.1 The returning officer is to publish a notice of the poll stating:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,

(d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,

(f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,

(g) the address for return of the ballot papers,

(h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;

(i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,

(j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,

(k) the date and time of the close of the poll,

- (l) the address and final dates for applications for replacement voting information, and
- (m) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:

- (a) a ballot paper and ballot paper envelope,
- (b) the ID declaration form (if required),
- (c) information about each candidate standing for election, pursuant to rule 61 of these rules, and
- (d) a covering envelope;

("postal voting information").

24.2 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

- (a) instructions on how to vote and how to make a declaration of identity (if required),
- (b) the voter's voter ID number,
- (c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

24.3 The corporation may determine that any member of the corporation shall:

- (a) only be sent postal voting information; or
- (b) only be sent e-voting information; or
- (c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

- 24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.
25. Ballot paper envelope and covering envelope
- 25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.
- 25.2 The covering envelope is to have:
- (a) the address for return of the ballot paper printed on it, and
 - (b) pre-paid postage for return to that address.
- 25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –
- (a) the completed ID declaration form if required, and
 - (b) the ballot paper envelope, with the ballot paper sealed inside it.
26. E-voting systems
- 26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").
- 26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").
- 26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as "the text message voting facility").
- 26.4 The returning officer shall ensure that the polling website and internet voting system provided will:
- (a) require a voter to:
 - (i) enter his or her voter ID number; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;in order to be able to cast his or her vote;
 - (b) specify:
 - (i) the name of the corporation,
 - (ii) the constituency, or class within a constituency, for which the election is being held,
 - (iii) the number of members of the council of governors to be elected

- from that constituency, or class within that constituency,
 - (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
 - (v) instructions on how to vote and how to make a declaration of identity,
 - (vi) the date and time of the close of the poll, and
 - (vii) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
 - (d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-
 - (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (iii) the candidate or candidates for whom the voter has voted; and
 - (iv) the date and time of the voter's vote,
 - (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and
 - (f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

- (a) require a voter to
 - (i) enter his or her voter ID number in order to be able to cast his or her vote; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;
- (b) specify:
 - (i) the name of the corporation,
 - (ii) the constituency, or class within a constituency, for which the election is being held,
 - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (iv) instructions on how to vote and how to make a declaration of identity,
 - (v) the date and time of the close of the poll, and
 - (vi) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

- (d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:
 - (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (iii) the candidate or candidates for whom the voter has voted; and
 - (iv) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

26.6 The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:

- (a) require a voter to:
 - (i) provide his or her voter ID number; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast his or her vote;
- (b) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:
 - (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (ii) the candidate or candidates for whom the voter has voted; and
 - (iii) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

The poll

27. Eligibility to vote

27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

28. Voting by persons who require assistance

28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

- 28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.
29. Spoilt ballot papers and spoilt text message votes
- 29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a “spoilt ballot paper”), that voter may apply to the returning officer for a replacement ballot paper.
- 29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.
- 29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:
- (a) is satisfied as to the voter’s identity; and
 - (b) has ensured that the completed ID declaration form, if required, has not been returned.
- 29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list (“the list of spoilt ballot papers”):
- (a) the name of the voter, and
 - (b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and
 - (c) the details of the unique identifier of the replacement ballot paper.
- 29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a “spoilt text message vote”), that voter may apply to the returning officer for a replacement voter ID number.
- 29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.
- 29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter’s identity.
- 29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list (“the list of spoilt text message votes”):
- (a) the name of the voter, and
 - (b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and
 - (c) the details of the replacement voter ID number issued to the voter.
30. Lost voting information
- 30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for

- replacement voting information.
- 30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:
- (a) is satisfied as to the voter's identity,
 - (b) has no reason to doubt that the voter did not receive the original voting information,
 - (c) has ensured that no declaration of identity, if required, has been returned.
- 30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):
- (a) the name of the voter
 - (b) the details of the unique identifier of the replacement ballot paper, if applicable, and
 - (c) the voter ID number of the voter.
31. Issue of replacement voting information
- 31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.
- 31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):
- (a) the name of the voter,
 - (b) the unique identifier of any replacement ballot paper issued under this rule;
 - (c) the voter ID number of the voter.
32. ID declaration form for replacement ballot papers (public and patient constituencies)
- 32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

Polling by internet, telephone or text

33. Procedure for remote voting by internet
- 33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.
- 33.2 When prompted to do so, the voter will need to enter his or her voter ID

number.

- 33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.
- 33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.
- 33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.
34. Voting procedure for remote voting by telephone
- 34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.
- 34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.
- 34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.
- 34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.
- 34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.
35. Voting procedure for remote voting by text message
- 35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.
- 35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.
- 35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

Procedure for receipt of envelopes, internet votes, telephone votes and text message votes

36. Receipt of voting documents
- 36.1 Where the returning officer receives:
- (a) a covering envelope, or
 - (b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:

- (a) the candidate for whom a voter has voted, or
- (b) the unique identifier on a ballot paper.

36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

37. Validity of votes

37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.

37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:

- (a) put the ID declaration form if required in a separate packet, and
- (b) put the ballot paper aside for counting after the close of the poll.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:

- (a) mark the ballot paper “disqualified”,
- (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
- (c) record the unique identifier on the ballot paper in a list of disqualified documents (the “list of disqualified documents”); and
- (d) place the document or documents in a separate packet.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.

37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.

37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:

- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
- (b) record the voter ID number on the internet voting record, telephone voting

record or text voting record (as applicable) in the list of disqualified documents; and

(c) place the document or documents in a separate packet.

38. Declaration of identity but no ballot paper (public and patient constituency)¹

38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:

- (a) mark the ID declaration form “disqualified”,
- (b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and
- (c) place the ID declaration form in a separate packet.

39. De-duplication of votes

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

- (a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and
- (b) mark as “disqualified” all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

- (a) mark the ballot paper “disqualified”,
- (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
- (c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;
- (d) place the document or documents in a separate packet; and
- (e) disregard the ballot paper when counting the votes in accordance with these rules.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
- (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;

¹ It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

- (c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and
- (d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

- (a) the disqualified documents, together with the list of disqualified documents inside it,
- (b) the ID declaration forms, if required,
- (c) the list of spoilt ballot papers and the list of spoilt text message votes,
- (d) the list of lost ballot documents,
- (e) the list of eligible voters, and
- (f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

STV41. Interpretation of Part 6

STV41.1 In Part 6 of these rules:

“ballot document” means a ballot paper, internet voting record, telephone voting record or text voting record.

“continuing candidate” means any candidate not deemed to be elected, and not excluded,

“count” means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

“deemed to be elected” means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

“mark” means a figure, an identifiable written word, or a mark such as “X”,

“non-transferable vote” means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate,

or

(b) which is excluded by the returning officer under rule STV49,

“preference” as used in the following contexts has the meaning assigned below:

(a) *“first preference”* means the figure “1” or any mark or word which clearly indicates a first (or only) preference,

(b) *“next available preference”* means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a *“second preference”* is shown by the figure “2” or any mark or word which clearly indicates a second preference, and a third preference by the figure “3” or any mark or word which clearly indicates a third preference, and so on,

“quota” means the number calculated in accordance with rule STV46,

“surplus” means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the

surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

“*stage of the count*” means:

- (a) the determination of the first preference vote of each candidate,
- (b) the transfer of a surplus of a candidate deemed to be elected, or
- (c) the exclusion of one or more candidates at any given time,

“*transferable vote*” means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

“*transferred vote*” means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

“*transfer value*” means the value of a transferred vote calculated in accordance with rules STV47.4 or STV47.7.

42. Arrangements for counting of the votes

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

- (a) the board of directors and the council of governors of the corporation have approved:
 - (i) the use of such software for the purpose of counting votes in the relevant election, and
 - (ii) a policy governing the use of such software, and
- (b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

43. The count

43.1 The returning officer is to:

- (a) count and record the number of:
 - (iii) ballot papers that have been returned; and
 - (iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and
- (b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no

person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

STV44. Rejected ballot papers and rejected text voting records

STV44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.2 The returning officer is to endorse the word “rejected” on any ballot paper which under this rule is not to be counted.

STV44.3 Any text voting record:

- (a) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,
- (b) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.4 The returning officer is to endorse the word “rejected” on any text voting record which under this rule is not to be counted.

STV44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule STV44.1 and the number of text voting records rejected by him or her under each of the sub-paragraphs (a) to (c) of rule STV44.3.

FPP44. Rejected ballot papers and rejected text voting records

FPP44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which votes are given for more candidates than the voter is entitled to vote,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.2 and FPP44.3, be rejected and not counted.

FPP44.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.3 A ballot paper on which a vote is marked:

- (a) elsewhere than in the proper place,
- (b) otherwise than by means of a clear mark,
- (c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.4 The returning officer is to:

- (a) endorse the word “rejected” on any ballot paper which under this rule is not to be counted, and
- (b) in the case of a ballot paper on which any vote is counted under rules FPP44.2 and FPP 44.3, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

FPP44.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

- (a) does not bear proper features that have been incorporated into the ballot paper,
- (b) voting for more candidates than the voter is entitled to,
- (c) writing or mark by which voter could be identified, and
- (d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

FPP44.6 Any text voting record:

- (a) on which votes are given for more candidates than the voter is entitled to vote,
- (b) on which anything is written or marked by which the voter can be identified except the voter ID number, or
- (c) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.7 and FPP44.8, be rejected and not counted.

FPP44.7 Where the voter is entitled to vote for more than one candidate, a text voting record is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP448 A text voting record on which a vote is marked:

- (a) otherwise than by means of a clear mark,
- (b) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the text voting record is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.9 The returning officer is to:

- (a) endorse the word “rejected” on any text voting record which under this rule is not to be counted, and
- (b) in the case of a text voting record on which any vote is counted under rules FPP44.7 and FPP 44.8, endorse the words “rejected in part” on the text voting record and indicate which vote or votes have been counted.

FPP44.10 The returning officer is to draw up a statement showing the number of rejected text voting records under the following headings:

- (a) voting for more candidates than the voter is entitled to,
- (b) writing or mark by which voter could be identified, and
- (c) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of text voting records rejected in part.

STV45. First stage

STV45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.

STV45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.

STV45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

STV46. The quota

STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.

STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).

STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.

STV47. Transfer of votes

STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:

- (a) according to next available preference given on those ballot documents for any continuing candidate, or
- (b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.

STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.1(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value (“the transfer value”) which:

- (a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and
- (b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

- (a) according to the next available preference given on those ballot documents for any continuing candidate, or
- (b) where no such preference is given, as the sub-parcel of non-transferable

votes.

STV47.6 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.5(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.7 The vote on each ballot document transferred under rule STV47.6 shall be at:

- (a) a transfer value calculated as set out in rule STV47.4(b), or
- (b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

STV47.8 Each transfer of a surplus constitutes a stage in the count.

STV47.9 Subject to rule STV47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

STV47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:

- (a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or
- (b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

STV47.11 This rule does not apply at an election where there is only one vacancy.

STV48. Supplementary provisions on transfer

STV48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

- (a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
- (b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

STV48.2 The returning officer shall, on each transfer of transferable ballot documents under rule STV47:

- (a) record the total value of the votes transferred to each candidate,

- (b) add that value to the previous total of votes recorded for each candidate and record the new total,
- (c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
- (d) compare:
 - (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.

STV48.3 All ballot documents transferred under rule STV47 or STV49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

STV48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule STV47 or STV49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

STV49. Exclusion of candidates

STV49.1 If:

- (a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and
- (b) subject to rule STV50, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV49.12 applies, the candidates with the then lowest votes).

STV9.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule STV49.1 into two sub-parcels so that they are grouped as:

- (a) ballot documents on which a next available preference is given, and
- (b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).

STV49.3 The returning officer shall, in accordance with this rule and rule STV48, transfer each sub-parcel of ballot documents referred to in rule STV49.2 to the candidate for whom the next available preference is given on those ballot documents.

STV49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

- STV49.5 If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub-parcels according to their transfer value.
- STV49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).
- STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.
- STV9.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.
- STV49.9 After the returning officer has completed the transfer of the ballot documents in the sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.
- STV49.10 The returning officer shall after each stage of the count completed under this rule:
- (a) record:
 - (i) the total value of votes, or
 - (ii) the total transfer value of votes transferred to each candidate,
 - (b) add that total to the previous total of votes recorded for each candidate and record the new total,
 - (c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and
 - (d) compare:
 - (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.
- STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.
- STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.
- STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

- (a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
- (b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

STV50. Filling of last vacancies

- STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.
- STV50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.
- STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

STV51. Order of election of candidates

- STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.
- STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.
- STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.
- STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

FPP51. Equality of votes

FPP51.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

FPP52. Declaration of result for contested elections

FPP52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

- (a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected:
 - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
 - (ii) in any other case, to the Chair of the corporation; and
- (c) give public notice of the name of each candidate whom he or she has declared elected.

FPP52.2 The returning officer is to make:

- (a) the total number of votes given for each candidate (whether elected or not), and
- (b) the number of rejected ballot papers under each of the headings in rule FPP44.5,
- (c) the number of rejected text voting records under each of the headings in rule FPP44.10,

available on request.

STV52. Declaration of result for contested elections

STV52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

- (a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
- (b) give notice of the name of each candidate who he or she has declared elected –
 - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
 - (ii) in any other case, to the Chair of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

- (a) the number of first preference votes for each candidate whether elected or not,
- (b) any transfer of votes,
- (c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
- (d) the order in which the successful candidates were elected, and
- (e) the number of rejected ballot papers under each of the headings in rule STV44.1,
- (f) the number of rejected text voting records under each of the headings in rule STV44.3,

available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

- (a) declare the candidate or candidates remaining validly nominated to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected to the Chair of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

54. Sealing up of documents relating to the poll

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

- (a) the counted ballot papers, internet voting records, telephone voting records and text voting records,
- (b) the ballot papers and text voting records endorsed with “rejected in part”,
- (c) the rejected ballot papers and text voting records, and
- (d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

- (a) the disqualified documents, with the list of disqualified documents inside it,
- (b) the list of spoilt ballot papers and the list of spoilt text message votes,
- (c) the list of lost ballot documents, and
- (d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

55. Delivery of documents

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.

56. Forwarding of documents received after close of the poll

56.1 Where:

- (a) any voting documents are received by the returning officer after the close of the poll, or
- (b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
- (c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the Chair of the corporation.

57. Retention and public inspection of documents

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

58.1 The corporation may not allow:

- (a) the inspection of, or the opening of any sealed packet containing –
 - (i) any rejected ballot papers, including ballot papers rejected in part,
 - (ii) any rejected text voting records, including text voting records rejected in part,
 - (iii) any disqualified documents, or the list of disqualified documents,
 - (iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or
 - (v) the list of eligible voters, or
- (b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is

necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

- (a) persons,
- (b) time,
- (c) place and mode of inspection,
- (d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

- (a) in giving its consent, and
- (b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

- (i) that his or her vote was given, and
- (ii) that NHS Improvement (NHSI) the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts) has declared that the vote was invalid.

PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

FPP59. Countermand or abandonment of poll on death of candidate

FPP59.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and
- (b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

FPP59.2 Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

FPP59.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.

FPP59.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.

FPP59.5 The returning officer is to:

- (a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,
- (b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone voting records and text voting records and

ensure that complete electronic copies of the internet voting records telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

FPP59.6 The returning officer is to endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

FPP59.7 Once the documents relating to the poll have been sealed up and endorsed

pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the Chair of the corporation, and rules 57 and 58 are to apply.

STV59. Countermand or abandonment of poll on death of candidate

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) publish a notice stating that the candidate has died, and
- (b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
 - (i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
 - (ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

PART 10: ELECTION EXPENSES AND PUBLICITY

Election expenses

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to Monitor under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

- (a) personal expenses,
- (b) travelling expenses, and expenses incurred while living away from home, and
- (c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

- (a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
- (b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

Publicity

63. Publicity about election by the corporation

63.1 The corporation may:

- (a) compile and distribute such information about the candidates, and
- (b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including

information compiled by the corporation under rule 64, must be:

- (a) objective, balanced and fair,
- (b) equivalent in size and content for all candidates,
- (c) compiled and distributed in consultation with all of the candidates standing for election, and
- (d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

- (a) a statement submitted by the candidate of no more than 250 words,
- (b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility (“numerical voting code”), and
- (c) a photograph of the candidate.

65. Meaning of “for the purposes of an election”

65.1 In this Part, the phrase “for the purposes of an election” means with a view to, or otherwise in connection with, promoting or procuring a candidate’s election, including the prejudicing of another candidate’s electoral prospects; and the phrase “for the purposes of a candidate’s election” is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

66. Application to question an election
- 66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to Monitor for the purpose of seeking a referral to the independent election arbitration panel (IEAP).
- 66.2 An application may only be made once the outcome of the election has been declared by the returning officer.
- 66.3 An application may only be made to Monitor by:
- (a) a person who voted at the election or who claimed to have had the right to vote, or
 - (b) a candidate, or a person claiming to have had a right to be elected at the election.
- 66.4 The application must:
- (a) describe the alleged breach of the rules or electoral irregularity, and
 - (b) be in such a form as the independent panel may require.
- 66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. Monitor will refer the application to the independent election arbitration panel appointed by Monitor.
- 66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.
- 66.7 Monitor shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.
- 66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.
- 66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

67. Secrecy

67.1 The following persons:

- (a) the returning officer,
- (b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

- (i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,
- (ii) the unique identifier on any ballot paper,
- (iii) the voter ID number allocated to any voter,
- (iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

- (a) a member of the corporation,
- (b) an employee of the corporation,
- (c) a director of the corporation, or
- (d) employed by or on behalf of a person who has been nominated for election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

(a) the delivery of the documents in rule 24, or

(b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

ANNEX 6 – ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS

Eligibility to be a Member of the Council of Governors

1. Council of Governors – Further Provisions on disqualification and removal:

Further to the provisions set out in paragraph 15.1 the following may not become or continue as a Governor of the Council of Governors if they are:

- 1.1 a person who has been dismissed in the previous 5 years from any NHS body (except for redundancy or sickness);
- 1.2 a person whose tenure of office as a Chair, Non- Executive Director or Governor of an NHS body has previously been terminated on the grounds that his appointment is not in the interests of the NHS for non-attendance at meetings or for non-disclosure of a pecuniary interest;
- 1.3 a person who has previously been or is currently subject to a sex offender order or sexual harm prevention order and/or required to register under the Sex Offences Act 2003 or committed a sexual offence prior to the requirement to register under current legislation;
- 1.4 a person who is a vexatious complainant of the Trust;
- 1.5 a person who has had his name removed from any list prepared under the 2006 Act in accordance with section 91, 106, 123 and 272 of that Act or has otherwise been suspended or disqualified from any healthcare profession, and has not subsequently had his name included in such a list or had their suspension lifted or qualification re-instated;
- 1.6 a person who is currently a member of an independent scrutiny body whose role includes or will include independent scrutiny of Humber Teaching NHS Foundation Trust;
- 1.7 a person who is a spouse, partner, parent or child of a Director or the Chair of the Trust;
- 1.8 a person who is under 16 years of age;
- 1.9 a person who on the basis of disclosures obtained through an application to the Disclosure and Barring Scheme is not considered suitable by the Trust;
- 1.10 a person who has physically or verbally abused any NHS staff member and has been taken to Court, found guilty and convicted;
- 1.11 he/she is incapable of managing and administering his property and affairs because of mental disorder, illness or injury and will be suspended from their duties to undertake treatment. Duties will not resume until all the issues are resolved;
- 11.12 making false declaration for any purpose of this Constitution or the 2006 Act; and
- 11.13 he or she has conducted his or herself in a manner that has caused, or is likely to cause, material prejudice to the best interests of the Trust or the proper conduct of the Council of Governors or otherwise in a manner inconsistent with continued membership of the Council of Governors.

11.14 If the conduct or behaviour of a Governor is called into question, discussion with the Governor will take place and relevant support will be provided for the Governor to resume normal duties but under close supervision of the Chair. However, if the behaviour and conduct does not improve and is unacceptable a decision may be made in conjunction with the Lead Governor and Senior Independent Director to suspend the Governor from duties and ultimately could lead to a recommendation to the full Council of Governors to withdraw the Governor from the Council under paragraph 11.13 of this Annex.

This action will only be taken if previous attempts to resolve the situation informally have failed;

11.15 Removal under paragraph 11.13 of this Annex shall be on the recommendation of the Trust Chair and should require the approval of at least two-thirds of the voting Governors present, the Governor concerned not being eligible to participate in such a vote and being absent from the room whilst it takes place. If a Governor's tenure of office is terminated, then he/she should be ineligible to stand for re-election as a Governor for a period of three years. A decision for termination should be effective notwithstanding any reference to dispute resolution.

2 Termination of Tenure

In addition to 14.2 and 15.1 and 15.3 the following apply;

- 2.1 A Governor may resign from that office at any time during the term of office by giving notice in writing to the Trust Secretary;
- 2.2 If a Governor fails to attend 3 consecutive meetings of the Council of Governors his/her tenure of office is to be terminated immediately unless the other Governors or Chair are satisfied that;
 - the absence was due to reasonable cause; and
 - he/she will be able to start attending meetings of the Trust again within such a period as they consider reasonable.
- 2.3 The Council of Governors may terminate the tenure of a Governor by a three quarter majority of those voting if it is satisfied that he/she;
 - fails to adhere to the Trust's 'Governors Code of Conduct'; and/or
 - persists in acting in a manner prejudicial to the best interests of the Trust.
- 2.4 An appointed Governor will cease to hold office if the appointing authority terminate their sponsorship of the individual.

ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

Standing Orders for Council of Governors Meetings

1. Calling Meetings

- 1.1 The Council of Governors is to meet at least four times in each financial year.
- 1.2 One of these meetings will be an Annual Members' Meeting (AMM) which will be held prior to 31 October each year.
- 1.3 Ordinary meetings of the Council of Governors may be called at any time by the Chair.
- 1.4 One third or more of the Council of Governors may requisition a meeting in writing to the Chair specifying the business to be carried out. If the Chair refuses to organise a meeting, or within 14 days of the requisition being presented fails to organise a meeting, the Governors signing the requisition may forthwith call a meeting.

2. Notice of Meetings and Business to be Transacted

- 2.1 The Trust Secretary shall give at least 30 days' notice of the date and place of every meeting of the Council of Governors to each Governor. This notice should also specify the business proposed to be transacted.
- 2.2 General meetings may be called by the Chair if the subject matter does not allow for 30 days notice to be given.
- 2.3 In the case of a meeting called by Governors in default of the Chair calling the meeting the notice should be signed by those Governors.

3. Agenda and Supporting Papers

- 3.1 The Agenda will be sent out to Governors not less than 5 working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than 3 clear days before the meeting.
- 3.2 Before each meeting of the Council of Governors, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Trust's website at least 3 days before the meeting.

4. Setting the Agenda

- 4.1. A Governor or Director desiring a matter to be included on the agenda will make his/her request in writing to the Chair at least 20 days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days may be included at the discretion of the Chair.

5 Moving, Amending, Withdrawing and Rescinding Motions

- 5.1 A Governor desiring to move or amend a motion should send a written notice thereof at least 14 working days before the meeting to the Chair, who will include it in the agenda (where permissible under the appropriate regulations). This includes motions on the possible termination of tenure of Governors as described in Annex 6. This does not prevent a motion being moved during a meeting without notice on any business mentioned on the agenda.
- 5.2 A motion or amendment once moved and seconded can be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.
- 5.3 Notice of a motion to amend or rescind any resolution which has been passed within the preceding 6 calendar months shall bear the signature of the Governor who gives it and also the signature of 10 other Governors. When such a motion has been disposed of by the Council of Governors it cannot be proposed again to the same effect within the next 6 calendar months unless the Chair considers it appropriate.
- 5.4 The proposer of a motion shall have the right of reply at the close of any discussion on the motion or any proposed amendment.
- 5.5 When a motion is under discussion it shall be open to a governor to move
- An amendment to the motion
 - The adjournment of the discussion or the meeting
 - That the meeting proceed to the next business(*)
 - The appointment of an ad hoc committee to deal with the specific item of business
 - That the motion now be put(*)
 - That the public now be excluded
- (*) denotes these motions may only be put by a Governor who has not previously taken part in the debate.
- 5.6 No amendment to a motion will be admitted if the Chair is of the opinion it negates the substance of the motion.

6 Declarations

- 6.1 An elected Governor cannot vote at a meeting of the Council of Governors, unless immediately prior to the commencement of each meeting, he has made a declaration in the form specified by the Trust Secretary, of the particulars of their qualification to vote as a member of the Foundation Trust, and that they are not prevented from being a member of the Council of Governors by the conditions set out in paragraph 15 in this Constitution.

An elected Governor shall be deemed to have confirmed the declaration upon attending subsequent meetings of the Council of Governors, and every agenda for meetings of the Council of Governors will draw this to the attention of the elected Governors.

- 6.2 Each Governor is required to declare their interests in accordance with paragraph 20 of this Constitution and the Trust policy. In the event of a material interest which has been previously declared being pertinent to a discussion or decision of a meeting of the Council of Governors the Governor in question should
- Withdraw from the meeting and play no part in the relevant discussion or decision
 - Not vote on the issue
- 6.3 Any Governor who fails to disclose any interest required to be disclosed in accordance with paragraph 20 of this Constitution or the Trust policy will have his/her tenure automatically terminated if required to do so by two thirds of the Governors in accordance with paragraph 2.3 of Annex 6 of this Constitution.

7 Voting

- 7.1 Every question at the meeting shall be determined by a majority of the votes of the Governors present except those issues referred to in the Constitution where other than a simple majority is required.
- 7.2 In the case of an equality of votes the Chair of the meeting will have the casting vote.
- 7.3 All questions put to the vote shall be determined by a show of hands. A paper ballot may also be used if a majority of Governors present request it.

8 Minutes

- 8.1 Minutes of the meeting will be drawn up and submitted for approval at the next meeting where they will be signed by the Chair of that meeting. These will be circulated according to the Governors' wishes.
- 8.2 The names of the Chair of the meeting and the names of those present shall be recorded in the minutes.
- 8.3 Minutes of the meeting shall be available to the public except for minutes relating to business conducted when members of the public are excluded under the terms of paragraph 18.

9 Quorum

- 9.1 No business shall be transacted at a meeting unless at least one third of those Governors holding one of the Council of Governors' currently occupied governor seats are present
- 9.2 If such a quorum is not present the meeting can stand adjourned to such time and place as the Trust Secretary may determine.
- 9.3 The Council of Governors can make decisions despite any vacancy in its membership or any defect in the appointment or election of any Governor.

10 Miscellaneous

- 10.1 The Council of Governors may invite the Chief Executive, or any other member of the Board of Directors, or a representative of the financial auditor or other advisors to attend a meeting of the Council of Governors.

- 10.2 Council of Governor meetings will be held online to facilitate attendance unless the Chair deems otherwise or where the Chair is requested in writing by at least one-third of those Governors holding Council of Governors currently occupied Governor seats to hold a face-to-face meeting
- 10.3 The Council of Governors may not delegate any of its powers to a committee or sub-committee, but it may appoint Committees to assist the Council of Governors in carrying out its functions. The Council of Governors may appoint Governors and invite Directors and other persons, to serve on such committees. The Council of Governors may, through the Trust Secretary, request that external assessors assist them or any Committee they appoint in carrying out its duties.
- 10.4 If a meeting is called by Governors in default of the Chair calling a meeting, and the Chair or nominated deputy do not attend, a Governor can, with the agreement of the other Governors present, take on the role of Chair.

ANNEX 8 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

Meetings of the Board

1. Calling Meetings

- 1.1 Ordinary meetings of the Board of Directors shall be held at regular intervals at such times and places as the Board of Directors may determine.
- 1.2 The Chair of the Trust may call a meeting of the Board of Directors at any time.
- 1.3 One third or more members of the Board of Directors may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within 7 days of a requisition being presented, the Directors signing the requisition may forthwith call a meeting.

2 Notice of Meetings and the Business to be Transacted

- 2.1 Before each meeting of the Board of Directors a written notice specifying the business proposed to be transacted shall be delivered to every Director, or sent by post to the usual place of residence of each Director, so as to be available at least 5 clear days before the meeting. The notice shall be signed by the Chair or by an officer authorised by the Chair to sign on their behalf. Lack of service of the notice on any Director shall not affect the validity of a meeting. Details of meetings and the public agenda will be published on the Trust's website.
- 2.2 In the case of a meeting called by Directors in default of the Chair calling the meeting, the notice shall be signed by those Directors.
- 2.3 No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 7.
- 2.4 A Director desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 10 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.

3 Agenda and Supporting Papers

The agenda will be sent to Board members 5 working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than three clear days before the meeting, save in emergency, with the agreement of the Chair. . An agenda shall be presumed to have been served two days after posting.

4. Petitions

Where a petition has been received, the Chair shall include the petition as an item for the agenda of the next meeting.

5 Chair of Meeting

- 5.1 At any meeting of the Board of Directors, the Chair, if there is one present, shall preside. If the Chair is absent from the meeting, the Deputy Chair if present, shall preside.
- 5.2 If the Chair and Deputy Chair are absent, another Non-Executive Director as the Directors present shall choose shall preside.

6 Notice of Motion

- 6.1 Subject to the provision of Standing Orders 8 'Motions: Procedure at and during a meeting' and 9 'Motions to rescind a resolution', a member of the Board of Directors wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chair.
- 6.2 The notice shall be delivered at least 14 clear days before the meeting. The Chief Executive shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

7 Emergency Motions

- 7.1 Subject to the agreement of the Chair, and subject also to the provision of Standing Order 8 'Motions: Procedure at and during a meeting', a member of the Board of Directors may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Board of Directors at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision on whether to include the item shall be final.

8 Motions: Procedure at and During a Meeting

8.1 Who May Propose

A motion may be proposed by the Chair of the meeting or any Director present. It must also be seconded by another Director.

8.2 Contents of Motions

The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the receipt of a report;
- consideration of any item of business before the Board of Directors;
- the accuracy of minutes;
- that the Board of Directors proceed to next business;
- that the Board of Directors adjourn;
- that the question be now put.

8.3 Amendments to Motions

A motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board of Directors.

If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

8.4 Rights of Reply to Motions

- Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

- Substantive/original motion

The Director who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

8.5 Withdrawing a Motion

A motion, or an amendment to a motion, may be withdrawn.

8.6 Motions once under debate

When a motion is under debate, no motion may be moved other than:

- an amendment to the motion;
- the adjournment of the discussion, or the meeting;
- that the meeting proceed to the next business;
- that the question should be now put;
the appointment of an 'ad hoc' committee to deal with a specific item of business;
- that a Director be not further heard;

In those cases where the motion is either that the meeting proceeds to the 'next business' or 'that the question be now put' in the interests of objectivity these should only be put forward by a member of the Board of Directors who has not taken part in the debate and who is eligible to vote.

If a motion to proceed to the next business or that the question be now put, is carried, the Chair should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

9 Motion to Rescind a Resolution

- 9.1 Notice of motion to rescind any resolution (or the general substance of any resolution which has been passed within the preceding six calendar months shall bear the signature of the Director who gives it and also the signature of 3 other Directors, and before considering any such motion of which notice shall have been given, the Board of Directors may refer the matter to any appropriate Committee or the Chief Executive for recommendation.
- 9.2 When any such motion has been dealt with by the Board of Directors it shall not be competent for any Director other than the Chair to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

10 Chair's Ruling

The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

11 Voting

- 11.1 Save as provided in Standing Orders 13 - Suspension of Standing Orders and 14 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of Directors present and voting on the question. In the case of an equal vote, the person presiding (ie: the Chair of the meeting) shall have a second, and casting vote.
- 11.1.1 Where more than one person is appointed jointly to a post in the Trust this shall count as one vote.
- 11.2 At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.
- 11.3 If at least one third of the Directors present so request, the voting on any question may be recorded so as to show how each Director present voted or did not vote (except when conducted by paper ballot).
- 11.4 If a Director so requests, their vote shall be recorded by name.
- 11.5 In no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.
- 11.6 A manager who has been formally appointed to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise all rights including the voting rights of the Executive Director.
- 11.7 A manager attending the Board of Directors meeting to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. A manager's status when attending a meeting shall be recorded in the minutes.

12 Minutes

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

13 Suspension of Standing Orders

- 13.1 Except where this would contravene any statutory provision or the rules relating to the Quorum (Standing Order 16), any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board of Directors are present (including at least one member who is an Executive Director and one member who is a Non-Executive Director) and that at least two-thirds of those Directors present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Board of Directors' minutes.
- 13.2 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and Directors of the Trust.
- 13.3 No formal business may be transacted while Standing Orders are suspended.
- 13.4 The Audit Committee shall review every decision to suspend Standing Orders.

14 Variation and Amendment of Standing Orders

These Standing Orders can only be amended in accordance with paragraph 3 of Annex 9.

15 Record of Attendance

The names of the Chair and Directors/managers present at the meeting shall be recorded.

16 Quorum

- 16.1 No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and Board Members (including at least one Executive Director and one Non-Executive Director) is present.
- 16.2 An Officer in attendance for an Executive Director (Officer Member) but without formal acting up status may not count towards the quorum.
- 16.3 If the Chair or another Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see Standing Order 17) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

17 Declarations

- 17.1 Each Director is required to declare their interests in accordance with paragraph 32 of this Constitution and Trust policy. In the event of a material interest which has been previously declared being pertinent to a discussion or a decision of a meeting of the Board of Directors the director in question should
- Withdraw from the meeting and play no part in the relevant discussion or decision, and:
 - Not vote on the issue.
- 17.2 A report on any Non-Executive Director who fails to disclose any interest to be disclosed in accordance with paragraph 32 of this Constitution or the Trust policy will be considered by the Council of Governors in accordance with the process to remove a Non-Executive Director.
- 17.3 A report on any Executive Director who fails to disclose any interest to be disclosed in accordance with paragraph 32 of this Constitution or the Trust policy will be considered by a Committee consisting of the Chair, the Chief Executive and the Non-Executive Directors in accordance with the process to remove an Executive Director.

18 Admission of Public and the Press

The Board of Directors meetings shall be held in public, at which members of the public and representatives of the press shall be permitted to attend. Members of the public are not permitted to ask questions during the meeting as it is a meeting held in public, not a public meeting. However questions can be submitted to the Chair at the end of a meeting. Responses to the questions may be given at that time or in writing within 5 days of the meeting. Members of the public may be excluded from a meeting for special reasons and having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

ANNEX 9 – FURTHER PROVISIONS

1 Restrictions on Membership

- 1.1 An individual may not become or continue as a member of the Trust unless he/ she is aged 14 years or over when an application for membership is made and he/ she:
- 1.1.1 lives in an area specified in Annex 1 as an area for a Public Constituency; or
 - 1.1.2 is eligible for membership of the Staff Constituency in accordance with paragraph 8.1 or paragraph 8.2 of the Constitution.
- 1.2 In addition:-
- 1.2.1 no member should act in a manner which could associate the Trust with any personal opinions expressed by the member;
 - 1.2.2 other than staff members, no member may designate the Trust as his/her personal or professional postal address.

2. Dispute Resolution

- 2.1 Any dispute or complaint arising from the procedures set out in the Constitution as they relate to the functioning of the Board of Directors, the Council of Governors or any aspect of the membership or election arrangements will be referred in the first instance for resolution by the Trust Secretary, in consultation with the Chair, Chief Executive or the Council of Governors as appropriate.
- 2.2 If the dispute is between the Council of Governors and the Board of Directors the Chair or Deputy Chair (if the dispute involves the Chair) will endeavour to resolve the issue through discussion with the Governors and Directors to the satisfaction of both parties.
- 2.3 Failing resolution, under 2.2 the Board or the Council, as appropriate, will at its next formal meeting, approve the precise wording of a disputes statement setting out clearly the issues in dispute.
- 2.4 The Chair will ensure that the disputes statement is an agenda item and paper at the next formal meeting of the Council of Governors or Board as appropriate. That meeting will agree a response to the disputes statement.
- 2.5 The Chair (or Deputy Chair) will immediately as soon as practicable communicate the outcome to the other party and deliver the written response.
- 2.6 If the matter remains unresolved and following further discussions and/or use of the above process there appears to the Chair to be no prospect of resolution then he will advise the Council of Governors and the Board accordingly.
- 2.7 Where the dispute remains unresolved or only partially resolved the view of the Board of Directors will prevail.
- 2.8 Nothing in the above procedure will prevent the Council of Governors if it wishes, from informing NHSE , the statutory entity that remains the regulator of NHS foundation trusts that, in the Council's opinion, the Board of Directors has not responded constructively to concerns of the Council that the Trust is not meeting the conditions of its Licence.

4 Further Provisions on Disqualification of Non-Executive Directors

Further to the requirements set out in paragraph 25 the Board of Directors will determine, and identify in the annual report, each Non-Executive Director it considers to be independent. Anyone identified as not being independent will not be permitted to become or continue as a Non-Executive Director and consideration of independence or otherwise will include the following factors:

- If he/she has been an employee of the Trust within the last 5 years;
- If he/she has, or has had within the last 3 years, a material business relationship with the Trust either directly, or as a partner, shareholder, Director, or senior employee of a body that has such a relationship with the Trust;
- If he/she has received or receives additional remuneration from the Trust apart from a Director's fee, participates in the Trust's performance related pay scheme, or is a member of the Trust's pension scheme;
- If he/she has close family ties with any of the Trust's Directors or senior employees;
- If he/she holds cross Directorships or has significant links with other Directors through involvement in other companies or bodies;
- If he/she has served on the Trust's Board of Directors for more than 9 years from the date of their first appointment.

The Board must state its reasons if it determines that a Director is independent despite the existence of relationships or circumstances such as those listed above.

5 Indemnity

Members of the Board of Directors and Council of Governors and members of those committees which have delegated powers to make decisions or taken actions on behalf of the Board, as in the case of Mental Health Act Hospital Managers' Panel, who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Board of Directors' or Council of Governors functions, save where they have acted recklessly. Any costs arising where members have acted honestly and in good faith will be met by the Trust.

The Trust may make such arrangements, as it considers appropriate for the provision of indemnity insurance or similar arrangement for the benefit of the Trust, or Directors, or Governors and members of those committees which have delegate powers to make decisions or taken actions on behalf of the Board, as in the case of Mental Health Act Hospital Managers' Panel to meet all or any liabilities, which are properly the liabilities of the Trust under the paragraph above.

Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – 16 April 2026		
Title of Report:	Council of Governor Sub-Groups Feedback Appointments Terms and Conditions Committee		
Author/s:	Tony Douglas, Chair of Engaging with Members Group		
Recommendation:	To approve		To discuss
	To note	✓	To ratify
	For assurance		
Purpose of Paper:	To provide the Council of Governors with an update from the meeting held.		
Key Issues within the report:			
Positive Assurances to Provide: <ul style="list-style-type: none"> • Provided in the report and verbal updates 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • N/A 	
<ul style="list-style-type: none"> • Key Risks/Areas of Focus No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> • N/A 	
Governance:		Date	Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group 14.01.26 18.02.26
			Other (please detail) Quarterly report to Council ✓
	Trust Board		

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Engaging with Members Meetings – 14 January 2026 & 18 February 2026

At the recent Engaging with Members meetings the following were discussed

- The group held an in-depth discussion on improving member engagement, including of Governors, communication strategies, event participation
- There was an update from the PACE team on patient and carer experience forums, evaluation of co-production, survey activities, and developments in voluntary services, including youth volunteering and support for volunteers transitioning between roles.
- A Council of Governor poster had been developed and uploaded to the digital display boards in inpatient services. Paper copies had also been forwarded by the Communications team to other sites with a request that these be displayed on public facing display boards.

Tony Douglas Chair

Title & Date of Meeting:	Council of Governors Meeting – 16 April 2026			
Title of Report:	Performance Update			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve	<input type="checkbox"/>	To receive & discuss	<input type="checkbox"/>
	For information/To note	<input checked="" type="checkbox"/>	To ratify	<input type="checkbox"/>
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> All aspects of performance has oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate Mandatory Training Vacancies 		<ul style="list-style-type: none"> Included within the body of the report 		
Matters of Concern or Key Risks:		Decisions Made:		
<ul style="list-style-type: none"> Waiting Times Out of Area Placements Sickness absence rates 		<ul style="list-style-type: none"> The Council of Governors are asked to note the updates on performance. 		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Trust Board		Other (please detail)	15.01.2026

Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ <i>Tick those that apply</i>				
✓	Innovating Quality and Patient Safety			
✓	Enhancing prevention, wellbeing and recovery			
✓	Fostering integration, partnership and alliances			
✓	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

1 Introduction and Purpose

The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.

2 Background

Performance is reported monthly to both Executive Management Team and Organisational Delivery Group, as well as bi-monthly to the public board in the form of the Trust Performance Report, this information is also circulated to Governors and available on the Trust Website (link to all previous board papers below).

[Public Board Papers | Humber Teaching NHS Foundation Trust](#)

Information in the performance report is presented using Statistical Process Control Charts mapped against each of the Trusts Strategic Goals.

The use of Statistical Process Charts allows key performance data to be analysed over a period to establish trends in performance, Upper and Lower statistical thresholds are used to analyse performance and identify where movements in performance are within normal ranges (Common cause variation) or require further investigation/understanding (Special cause variation).

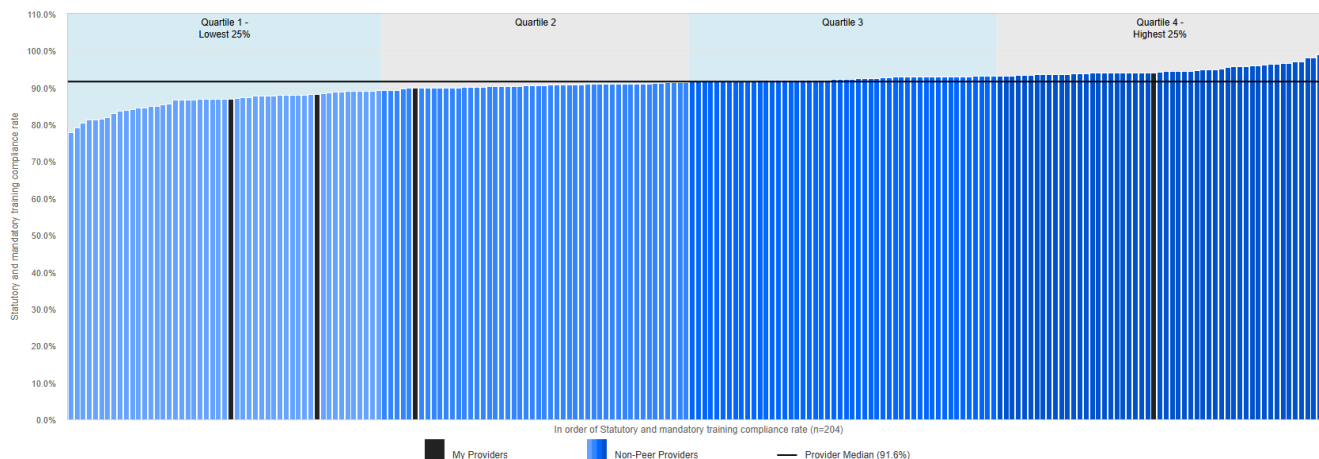
3 Performance Updates

In the following paragraphs updates will be provided on some of the key performance metrics for governors to note.

3.1 Mandatory Training

The Trust continues to demonstrate excellent compliance against the mandatory training target of 85%, achieving 94.4% as at the end of February. This represents sustained high performance and places the Trust well above national benchmarks.

According to the latest Model Hospital data (2024/25), the national average stands at 90.3% and the provider median at 91.6%. Our current performance of 94.4% positions the Trust firmly within the upper quartile, reflecting a strong commitment to workforce development and regulatory standards.



3.2 Vacancies

The Trust continues to maintain a strong overall vacancy position, reporting 6.7% in October 2025, with nursing vacancies consistently remaining below target.

Consultant vacancies, while still above target, show a more positive position than the previous year and are on an improving trajectory, reflecting progress in recruitment efforts.

As at the 31st December 2025 the NHS workforce as a whole was reporting a 6.7% vacancy rate, this represents a decrease from the same period in 2024 (where the vacancy rate was 7.1%)

4 Sickness Absence

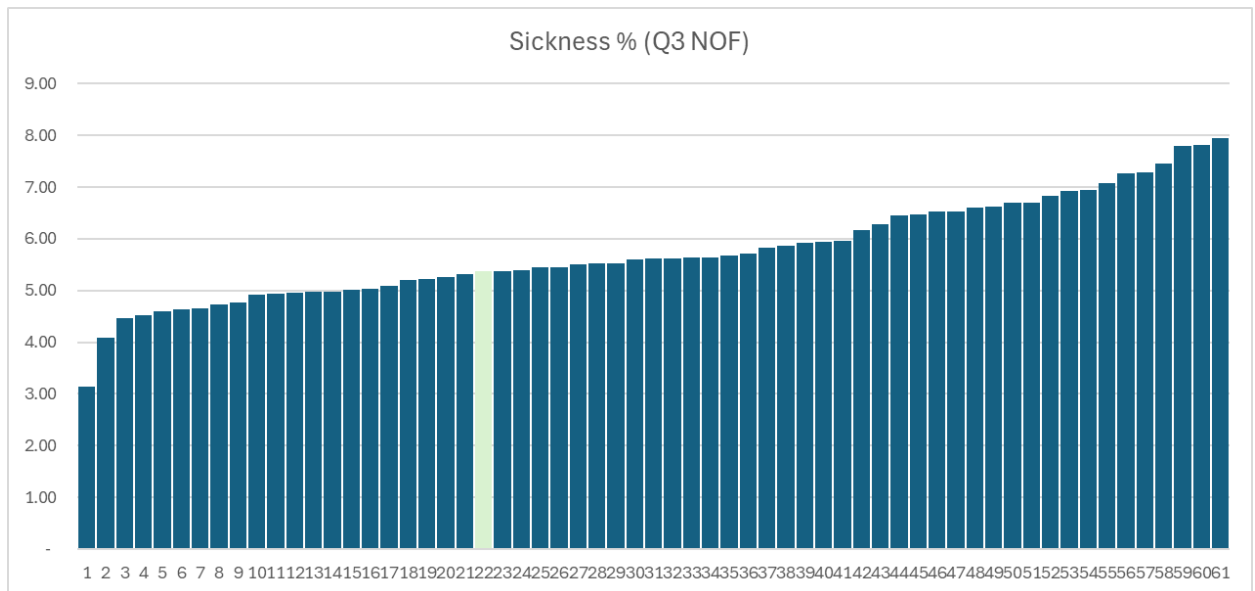
Sickness absence across the Trust continues to exceed target levels, with particular concern in inpatient settings. In response, a rapid intervention model has been introduced to address areas of high prevalence and undertake root cause analysis, with targeted solutions implemented. Progress on this work is reported regularly to EMT and ODG.

The intervention focuses on key drivers such as team dynamics, leadership behaviours, workplace culture, and wellbeing factors. Its aim is to build team resilience, improve attendance, and foster a more supportive working environment.

Proactive management of sickness absence remains a priority across the Trust, including early intervention, consistent application of policy, and enhanced support for managers in addressing trends and individual cases effectively.

Progress and impact are monitored through EMT and the People & OD Committee, with sickness absence trends aligned to the Trust-Wide Risk Register to ensure strategic oversight and risk mitigation.

Sickness form part of the new National Oversight Framework, at the end of Q3 the Trust reported sickness was 5.38%, this ranked the Trust 22nd out of 61 comparator trusts.



3.5 Waiting Times

Waiting times for both children’s and adult neurodiversity services continues to be the most significant area of pressure and challenge, where demand exceeds commissioned capacity across all areas and previous non recurrent investment has ceased.

Organisational Delivery Group and Executive Management Team continue to oversee the waiting times position with targeted work across all services that are challenged by meeting over 52 week and 18 week waiting time standards. This work is underpinned by capacity and demand analysis which is refreshed on a regular basis. Waiting times for services, excluding

Over 52 week waits (with the exception of neurodiversity) have been significantly reduced and are expected to be eradicated by the end of Q4.

Community waiting times form part of the National Oversight Framework (waits over 52 weeks), for quarter 3 the Trust had no patients above the 52 week target and attracted the best score on the framework of 1.

3.4 Out of Area Placements

Inappropriate Mental Health Out of Area placements continues to be monitored.

A solution for Psychiatric Intensive Care beds has secured national capital funding and the Trust have a letter of support from the ICB in relation to these proposals whilst formal contract negotiations are finalised in relation to the revenue elements of the scheme. These plans are expected to achieve a sustained reduction in Out of Area Bed usage.

A significant reduction in Adult Out of Area Placements has already been achieved.

4. Recommendation

The Council of Governors are asked to note the updates on performance and be informed that all aspects of performance have oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate.

Agenda Item 12

Title & Date of Meeting:	Council of Governors Meeting – 16 April 2026			
Title of Report:	Finance Update			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
	The Council of Governors are asked to note the Finance report and comment accordingly.			
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust which is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> The Trust has a breakeven target plan for 2025/26. The Trust are reporting a favourable year to date position which is maintained in the Trusts forecast for the year. The Cash position for the Trust remains strong. 		<ul style="list-style-type: none"> Work on in year monitoring and forecasting continues. 		
Matters of Concern or Key Risks:		Decisions Made:		
<ul style="list-style-type: none"> Nothing to escalate 		<ul style="list-style-type: none"> The Council of Governors are asked to note the Finance report and comment accordingly. 		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Trust Board		Other (please detail) Quarterly report to Council	

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Council of Governors Finance Update Report

1. Introduction

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust.

2 System Position

The Humber and North Yorkshire NHS system are working to a breakeven plan for 2025/26, the plan is dependent on non-recurrent deficit support funding of £79m.

To date Q1 and Q2 deficit support funding has been secured, funding for Q1 and Q4 is not guaranteed and will be dependent on system financial performance.

Across previous months the system has reported the following position:

- Month 2 Year to Date Deficit of £7.4m (£0.2m adverse variance)
- Month 3 Year to Date Deficit of £15.0m (£3.9m adverse variance)
- Month 4 Year to Date Deficit of £19.7m (£5.5m adverse variance)
- Month 5 Year to Date Deficit of £20.3m (£3.1m adverse variance)
- Month 6 Year to Date Deficit of £24.3m (£4.4m adverse variance)
- Month 7 Year to Date Deficit of £29.9m (£11.9m adverse variance)
- Month 8 Year to Date Deficit of £38.0m (£21.9m adverse variance)
- Month 9 Year to Date Deficit of £53.8m (£39.6m adverse variance)

At Month 11 the system reported a £77.6m year to date deficit, the majority of which was with acute providers. this represents a £71.2m adverse variance against plan, at Month 11 the system has maintained the forecast adverse variance of £93m.

Main factors driving the current provider overspend position are cited as efficiency programme shortfalls, pay award impacts, industrial action, staffing and supernumerary sickness costs.

The position for providers and the ICB at Month 11 is summarised in the following table:

Place	Year To Date			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
York and Scarborough	(491)	(17,094)	(16,603)	0	(32,652)	(32,652)
Harrogate	(725)	(22,690)	(21,965)	0	(20,000)	(20,000)
NLAG	(2,295)	(13,601)	(11,305)	0	(14,534)	(14,534)
Humber Teaching	(231)	2,769	3,000	0	3,000	3,000
HUTH	(1,868)	(26,919)	(25,051)	0	(22,030)	(22,030)
Total	(5,610)	(77,535)	(71,924)	0	(86,216)	(86,216)
ICB	0	(66)	(66)	0	(7,094)	(7,094)
Full System Position	(5,610)	(77,601)	(71,990)	0	(93,310)	(93,310)

2. Trust Position as at 28th February 2026

The Trust's ICS target is a requirement to achieve a break-even position for the year.

Table 1 shows for the period ended to 28th February 2026 the Trust recorded a surplus of £2.770m which is £3.001m higher than the planned deficit of £0.231m.

The donated assets depreciation and Capital Grant Donation do not count against the Trust's financial control target, the year-to-date net variance to budget for these items is £0.067m resulting in a ledger position of £3.067m surplus.

The Year to Date favourable variance is attributable to non-recurrent income into the trust and the £3.000m surplus is forecast to be sustained through to the year end.

The achievement of the £3.000m surplus will allow the Trust to increase its 2026/27 capital budget by the equivalent amount which is in line with NHSE guidance.

Table 1: Reported I&E Position 2025/26

	October 2025 £000	November 2025 £000	December 2025 £000	January 2026 £000	February 2026 £000
Income	112,391	129,151	145,095	160,928	177,065
<i>Less: Expenditure</i>	108,051	123,966	139,055	154,346	169,531
EBITDA	4,340	5,185	6,040	6,582	7,534
Finance/Technical Items	4,954	5,804	6,587	7,022	7,733
Non Recurrent Income	(3,000)	(3,000)	(3,000)	(3,000)	(3,000)
Ledger Position:	2,386	2,381	2,453	2,560	2,801
Excluded items:	6	10	13	16	(31)
Net Position Surplus/(Deficit)	2,380	2,371	2,440	2,544	2,832
EBITDA	3.9%	4.0%	4.2%	4.1%	4.3%
Deficit (-)/Surplus %	2.1%	1.8%	1.7%	1.6%	1.6%

A more detailed summary of the income and expenditure position as at the end of February 2026 is shown at appendix A.

Key variances are explained in the following paragraphs:

2.1 Children's and Learning Disability

The month 11 position is an overspend of £0.349m, both pay and non-pay are underspent, but income has an adverse variance of £1.400m. This relates to Townend Court where we recover the cost of an out of area placement from the ICB. A contract variation has been agreed, and it is expected to be paid this month, once this has been transacted income will be in line with budget.

The year-to-date saving on pay of £0.529m is due to vacancies, notably in Early Intervention (£0.338m) and Hull IPHN (£0.426m). Offsetting these are pay pressures in our inpatient units which collectively total £0.492m. Pay costs for Townend were brought in line with budget but have increased again over the last quarter in response to staffing challenges and the CQC report.

Non pay is also showing a year-to-date underspend of £0.493m, but this is not forecast to continue as outstanding invoices are accounted for in March from subcontracted providers for neuro assessments and to support waiting lists

2.2 Community and Primary Care

The Division's forecast outturn position has improved from a £0.069m overspend to a £0.010m overspend to budget. The movement is mainly due to additional income received from ERYC for the addictions service.

Primary Care is forecasting an underspend of £0.290m, largely due to vacancies in the management team that remain unfilled in advance of the upcoming practice transfers from the Trust.

One of the main factors contributing to the £0.290m overspend in Community Services is the sustained high demand for continence products (£0.243m). The ICB has initiated a system-wide review of continence expenditure to address this issue.

An additional cost pressure of £0.165m relates to services provided to Malton Ward by York FT. Contracting and finance teams have reviewed the contract and are in the process of amending elements of it for 2025/26.

Pay pressures within certain services (Scarborough Core, Diabetes, and Malton Ward) are currently being offset by underspends in others, including Urgent Community Response, Whitby Core, and Whitby Ward. It needs to be established whether the rota's set within services are reflective of the resources available.

2.3 Mental Health

The Division has continued to recover the financial position with the forecast now expected to be an underspend of £0.133m.

Staffing within inpatient units, particularly on Adult units, has continued to remain at levels lower than the first half of the financial year due to the introduction of improved roster management and control processes.

Further improvement since last month is mainly due to Agency medic annual leave being covered by substantive staff and additional vacancies.

The reduction in the number of adult aged acute patients being placed out of area has also been sustained throughout February.

Discussions are still ongoing with the ICB around the release of the full year funding for the enhanced older peoples crisis service which may have a detrimental impact on the Divisions outturn position however, there is a plan to mitigate this at Trust level.

3.4 Forensic Services

The Forensic division is under spent by £0.064m year to date. There are some cost pressures and offsetting savings. Vacancy savings in the community are offset by pressures on the inpatient areas. Enhanced Packages of Care have been secured for 6 patients which have supported the cost of additional staff due to patient complexity.

The biggest area of overspend is the inpatient medical workforce (£0.269m year to date) as agency was being used to cover long-term sickness for the first half of the year and is now being used to cover a vacancy. The forecast outturn overspend for this area is £0.312m.

Income is currently showing as a pressure as invoices for HMP Millsike were outstanding, but these have been raised in March. Income in month 12 will show a favourable position reflecting the additional funding agreed for the contract.

The forecast outturn position for the financial year is an underspend of £0.143m, this is an improvement from the previous breakeven position as winter pressures were managed, and the financial impact seen in previous years didn't materialise. There is also a benefit on Ullswater where the cost of additional staff to support high patient acuity was less than anticipated..

3.5 Corporate Services Expenditure

Corporate Services (including Finance Technical Items) is showing a year end underspend, the main factor being items held centrally to offset pressures.

4. Cash

The Trust has held the following cash balances during the reporting period:

Table 2: Cash Balance

	October 2025 £000	November 2025 £000	December 2025 £000	January 2026 £000	February 2026 £000
Government Banking Service	18,724	28,494	18,999	20,525	30,817
Nat West	65	199	149	95	236
Petty Cash	28	28	28	29	29
Net Position	18,817	28,721	19,176	20,649	31,082

The actual balance is overstated due to the timing of salary payments of £8.509m

The cash balance is held in the Government Banking Service account earning interest of 3.64% and avoiding a PDC dividend charge for each day it remains in the account

5. Better Payment Practice Code (BPPC)

The BPPC figures are shown in the Table below.

The current position is 96.7% for non-NHS and 89.6% for NHS with an overall total of 96.4%. Work is constantly ongoing to improve this position with targeted support to managers.

Table 3: Better Payment Practice Code

Better Payment Practice Code	YTD	YTD
	Number	£
NON NHS		
Total bills paid	25,711	105,034
Total bills paid within target	24,868	101,969
Percentage of bills paid within ta	96.7%	97.1%
NHS		
Total bills paid	1,169	28,051
Total bills paid within target	1,048	24,135
Percentage of bills paid within ta	89.6%	86.0%
TOTAL		
Total bills paid	26,880	133,085
Total bills paid within target	25,916	126,104
Percentage of bills paid within ta	96.4%	94.8%

6. Recommendations

The Council of Governors is asked to note the Finance report and comment accordingly

Appendix 1
Income and Expenditure Position February 2026

	25/26 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
Income							
Block Income	188,117	172,466	172,478	13	188,117	187,915	(202)
YHCR	4,635	4,249	4,586	338	4,635	5,110	475
Total Income	192,752	176,714	177,065	350	192,752	193,025	273
<u>Clinical Services</u>							
Children's & Learning Disability	44,812	41,114	41,463	(349)	44,812	44,488	324
Community & Primary Care	22,382	20,518	19,317	1,201	22,382	22,392	(10)
Mental Health	61,561	56,287	55,296	991	61,561	61,428	133
Forensic Services	14,387	13,148	13,084	64	14,387	14,244	143
	143,141	131,067	129,160	1,907	143,141	142,551	590
<u>Corporate Services</u>							
	42,188	39,588	40,371	(784)	42,188	41,928	260
Total Expenditure	185,329	170,654	169,531	1,123	185,329	184,480	850
EBITDA	7,422	6,060	7,533	1,473	7,422	8,545	1,123
Depreciation	5,591	5,125	5,028	97	5,591	5,485	106
YHCR Amortisation	1,382	1,267	1,266	1	1,382	1,382	-
Interest	(1,478)	(1,355)	(1,090)	(264)	(1,478)	(1,182)	(296)
IFRS 16	1,691	1,550	1,704	(154)	1,691	1,859	(168)
PDC Dividends Payable	1,736	1,591	1,591	1	1,736	1,736	-
Gain on disposal of assets	-	-	(735)	735	-	(735)	735
Operating Total	(1,500)	(2,119)	(230)	1,889	(1,500)	(0)	1,500
BRS	(1,500)	(1,887)	-	(1,887)	(1,500)	-	(1,500)
Profit on Assets Held for Sale	-	-	-	-	-	-	-
Non Recurrent Income	-	-	(3,000)	3,000	-	(3,000)	3,000
Operating Total	(0)	(231)	2,770	3,002	(0)	3,000	3,000
<i>Excluded from Control Total</i>							
Capital Grant\Donation	-	-	(66)	66	-	(16)	16
Donated Depreciation	39	35	35	0	39	39	0
	(39)	(267)	2,801	3,067	(39)	2,977	3,016
Ledger Position	(39)	(266.933)	2,801	3,067	(39)	2,977	3,016
EBITDA %	3.9%	3.4%	4.3%		3.9%	4.4%	
Surplus %	-0.8%	-1.2%	-0.1%		-0.8%	0.0%	